MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a. STATE b. COUNTY CECIL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) on papers. Pag within 72 hours hours .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? OA NO X completely we carbon p within 3. NAME OF OATE Month Day Year Middle DECEASED remove carb (Type or print) EDW AR **OEATH** 19 66 executed SEX AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months Hours and Ξ 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRYZ þ ANUFACTIALS certificate 13. FATHER'S NAME attending of semit. Then permit, Then permit, Then permits of removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN ned by the attend al-transit permit, al, cremation, or r 16. SOCIAL SECURITY NO. Address death (Yes, no. or unkown) | (If yes give war or dates of service) CAUSE OF BEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. n signed to burial-tran IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to immediate has been e as the t DUE TO cause (a), stating the underlying cause last. (0) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use for use Health PERFORMED? certificate NO X YES 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) this certil detached f a Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) After Id b Hour a.m. While Not While ATTENDING p.m. at work at work retained attended the deceased from 21. I certify that (I) (this hospital) that (I) (we) last DIRECTOR: Jage 3 should led with the and that death occurred at 230 M, from the causes and on the date stated above. 1966 saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page PHYS. DIRECTOR PHYS. may TO FUNERAL D director, pag should be file TO HOSPITAL 22c. PHYSICIAN 22d. ADDRESS NAME (Type) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. REMOVAL (Specify) ON 0 ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 1966

VR AIS 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

١,	11248			CERTIFIC	CATE	OF DEATH		-11		1	123	37
1. Pl	ACE OF DEATH	cil		MARYLA	ND	2. USUAL RESIDENCE (o. STATE Mary]	Where dece	b. COL	tion: Reside	nce befor	re odmissi	on)
b. P	CITY OR TOWN (lf outside corporate limit d give neorest town)	s,	8 Days	1b	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Elkton						
d.	NAME OF HOSPIT			itol, give street oddress) Hospital		d. STREET ADDRESS 146 E	last M	Main Stre	et	T	e, IS RESI ON A F	ARM?
3. N.	AME OF ECEASED ype or print)		rst	Middle W.	A	USTIN	4. DATE OF DEAT	8	th	Day 11	Ye	66
S, SE	**	6. COLOR OR RACE White:	7. MARI			9-1-11		9. AGE (In years dost birthdoy)	IF UNDER Months	I YEAR Doys	Hours Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY						11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZ					IZEN OF WHAT JNTRY? USA	
	FATHER'S NAME hristopl	ner C. Aust	in			14. MOTHER'S MAIDEN Bertha E		ter				
15. Y	WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give year or dotes	of service)	16. SOCIAL SECURITY NO. 233-14-69-86		ospital Rec	ords,	VAH, Pe		oint	, Md	•
T	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED BY: Bronchial Presumonia, Right								INTERVAL BETWEEN			
	H91X DUE TO Conditions, if ony, which gove) (b) Complete Mielectasis of Left Lung								3	3 Days		
- 3	rise to immediate couse (a), stating the underlying couse (bst. (c)							3	3days			
NOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)								19.	19. WAS AUTOPSY PERFORMED? YES NO		
ERI												
= b	2Dc. TIME OF INJ Hour o.	URY Month, Doy, Yeor	2	Dd. INJURY OCCURRED 20 While Not While twork 0 twork		E OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Co	unty)	((Stote)
1	21. I certify that (1) (this hospital) attended the deceased fram 5-3- , 19 66, ta 8-11 , 19 66 A Mac (1) (this hospital) attended the deceased fram 4.2 A M, fram causes and on the date stated above											
-	220. SISNATURE		The second	und mo.	M.D	ATTENDING -	MED. DIRECTOR	STAFF PHYS.		ATE SIGN		1 0004
	22c. PHYSICIAN'S NAME (Type	11.	. HU	NT, M.D.		VAH, PET	RY P	DINT, MAR	YLAND			
230.	BURIAL, CREMATION OF THE PROPERTY OF THE PROPE	DN, 23b. DATE TH	EREOF	23c. NAME OF CEMETER				OCATION (City or To		(County) *(S	tote)
24.	funeral director icks Fu	DR Tashh	6	ton, Maryland		2So. REC'I	BY REGIST	RAR 25b. R	GISTEARS	SIGNATUR	RE Jus	ge,

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remov<u>e carb</u> in papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, yithin 72 hours ofter deat VR A15 (4) 20 M 1/66

Hicks Funeral

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11249 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. STATE o. COUNTY MARYLAND Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 3 Days d. STREET ADDRESS Elkton e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) NO A Union Hospital Grystak Beach Manor 3. NAME OF Middle 4. DATE OF DEATH DECEASED (Type or print) Blanche Bave B. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | Nov. 23 1987

11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? TISA during most of working life, even it retired)
House Wife at home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Matilda Stiles William Faulkner 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Ella Lincoln, Glenolden, Pa. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral thrombosis IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Cerebral arteriogaleregie rise to immediate cause (a), years DUE TO stoting the underlying couse os the prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO Severe acute nephrosis 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. 1 certify that (I) (this haspital) attended the deceased fram Aug 1 , 19 66, to Aug 4, 19 66 that (I) (we) last saw the deceased alive an Aug 4 19 66, and that death accurred at 5.20 Martin causes and an the date stated above. 22b. DATE SIGNED 220. SIGNATURE Aug 4 1966 STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Wallace Denshain. M.D. Cecilton, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) Aug. 8, 1966 Fernwood Cemetery Yeadon. Penna.

25a. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the director, page 3 should be filed v VR A15 (4)

24. FUNERAL DIRECTOR

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PHYSICIAN: The law requires that the denth certificate be executed within 24 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11250 ath. requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH p. COUNTY MARYLAND [arvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) h. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) and campletely filled in by the remave carban papers. Pagin any event, within 72 haurs, Elktion 2 days Elkton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Hollingsworth Manor Union Hospital YES NO F Middle 3. NAME OF 4. DATE Year DECEASED OF DEATH (Type or print) Infant James Wayne 1966 IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY .S.A Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME James W. Bowman Sherry Cox ar rem IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, ocunknown) (If yes give wor or dotes of serving James Bowman, Elkton INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Inst WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Page 4 may be retained by the haspital ar 20p. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) attended the deceased from , 1966 , to 1 June 1 . 19 6, that (I) (we) last saw the deceased alive on branch 1 1966, and that death accurred at A M, from causes and an the date stated obove 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) L. Johnson James director, shavld be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) Nottingham Presbyterian Ceci. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DE DATE unerals Elkton. Lor

Charles of the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11241 11251 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE a. COUNTY h COUNTY 9 Cecil Maryland 0 PM3. Poge deoth. Ceci1 MARYLAND deloy he State Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bainbridge North East d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours pencil in Item 18. Give Pages 1, Office along with farm ON A FARM? Bainbridge Naval Hospital Rt. 1, Bayview NO E YES This certificate shauld be executed within 24 hours after death. Middle 4. DATE Month NAME OF Last Day Year DECEASED WILEARTHY 11 19 66 MARY BROUSSARD August (Type or print) and 2 with event with IF UNDER 24 HRS. IF UNDER 1 YEAR AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Haurs lost birthdoy) Female White July 14.1931 WIDOWED DIVORCED land2 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) House wife INDUSTRY any Opelousas Louisiana IISA d "pending" in pencil in Chief Medical Examiner's 13 FATHER'S NAME .⊆ Benjamin Guidroi Lovien Guillery and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. ar removal, Unknown Leon Broussard North East Md 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Thrombo-embolism. IMMEDIATE CAUSE (o) the certificate, writing the word 4 should be forwarded to the Ch buriol, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse D SD 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION pleose execute the certificate, YES X NO p pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) designated ogent, prior PRIMARY Tor CONTRIBUTING TO CAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Not While 5 moy be retained for your O FUNERAL DIRECTOR: Poge ot work the funeral director. Page 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection Inquiry and in my opinion Natural causes 🐼 Accident death resulted fram: Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED

VR ATSME (5)

6M 1/66

Health or

SIGNATURE

EXAMINER'S

NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specify)

EUNERAL DIRECTOR & Son Perryville . M.

235. DATE THEREOF

alle

Charles S. Petty, M.D.

23c. NAME OF CEMETERY OR CREMATORY

St. Ann's Cemetery Mallat REC'D BY REGISTRAR

23d. LOCATION (City or Town)

ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county)

DEPUTY MEDICAL EXAMINER

(Stote)

8/12/66

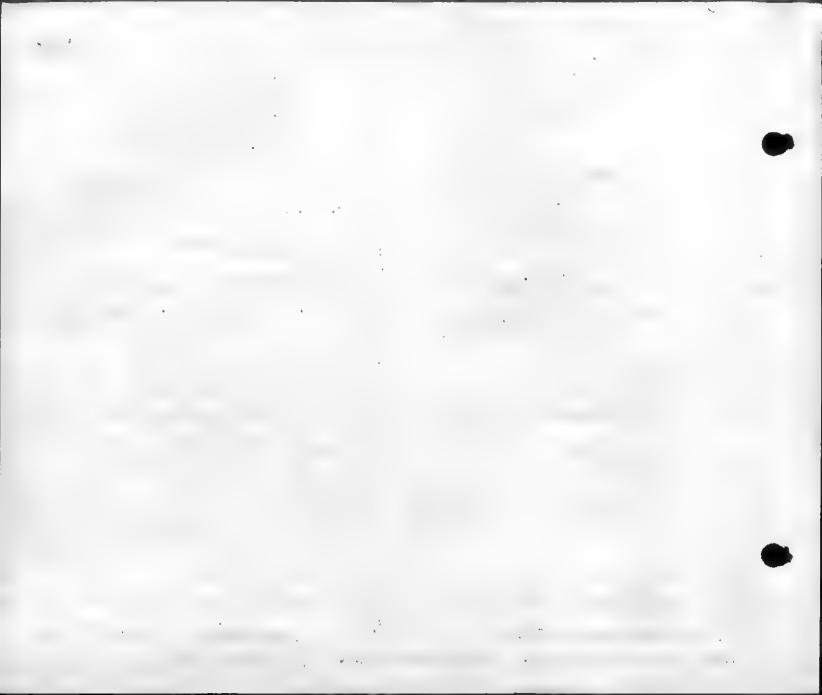
25b. REGISTRAR'S SIGNATURE

y Charley Judge

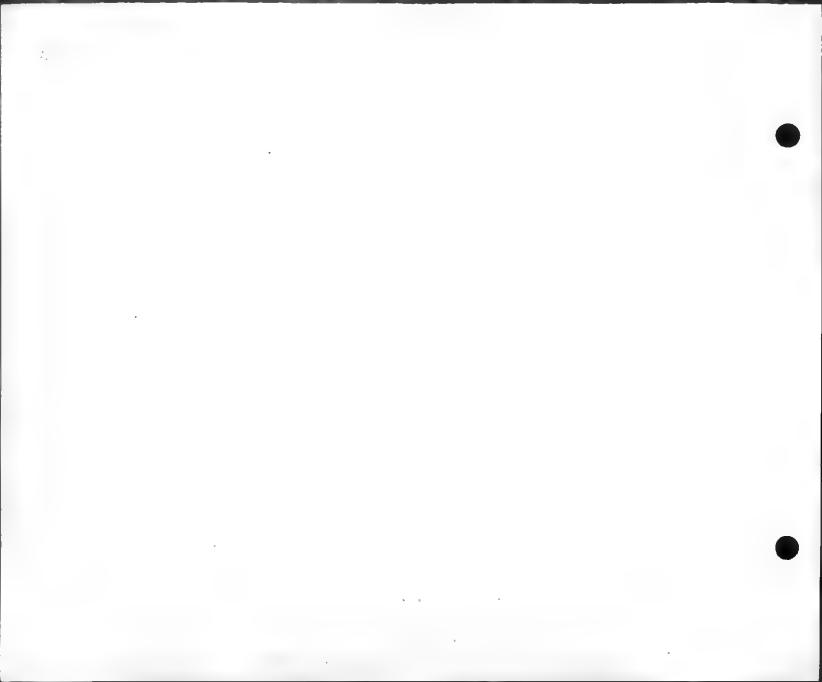
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death ely filled in by the funeral ban papers. Pages 1 and within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY Columbia Cecil District of MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) write RURAL and give neorest town) 1 mo 14 days Washington Perry Point d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE 64 P Street. S. W. Veterans Administration Hospital NO X 3 NAME OF Last 4. DATE Manth DECEASED August 26 BROWN WILLIAM (Type or print) S SEX 6 COLOR OR RACE 7 MARRIED SX B. DATE OF BIRTH 9. AGF (In years IF UNDER I YEAR IF UNDER 24 HRS. **NEVER MARRIED** lost birthday) 8-6-11 Male Negro WIDOWED physician and sen please rem 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. C T ZEN OF WHAT TOO USUAL OCCUPATION (Give kind of work done Private COLNTRY? during most of working life, even if retired) Fulton Georgia Industry Cab driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lula 77 Andres Brown 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates at service) VA Records, VAH, Perry Point, Maryland 18 yes 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I DEATH WAS CAUSED BY: Termial C.A. of Abdominal cavity IMMEDIATE CAUSE (a) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse ₽ ₽ has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate 20g ACC DENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark 19 66 , to 60thandibtwapton 21. I certify that (12 (this haspital) attended the deceased from 22b. DATE SIGNED 8-27-66 22a. SIGNATURE DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S VAH., Perry Point, Md. N. BAYADI, M.D. NAME (Type) 230 BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National Fort Myer Virginia Removal 25a. REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 ■ 1/66 3619-14th St., N.W., Wash. D. GME AU

with bell

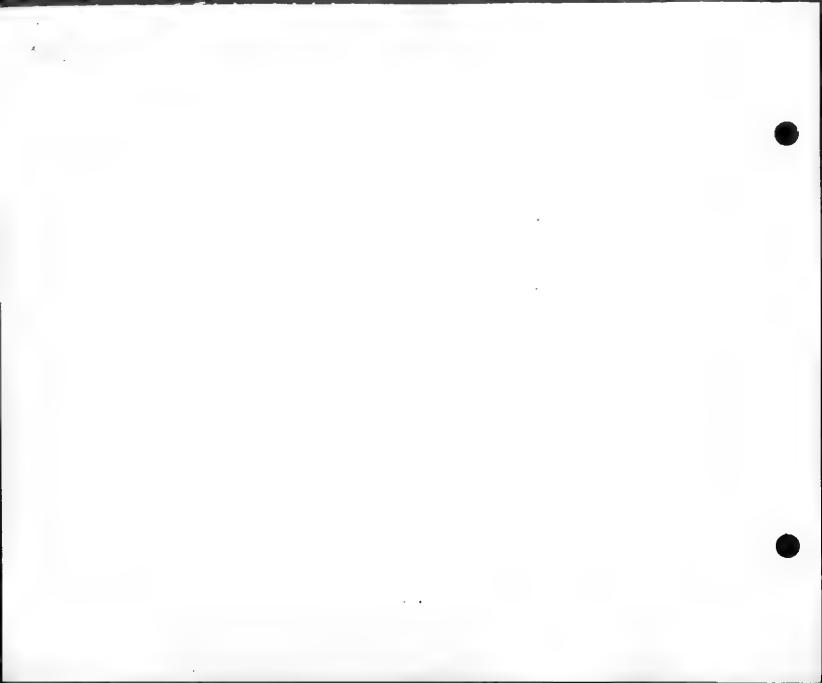
1-8		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												
FOR STATE		11253 MEDICAL EXAMINERS	CERT	IFICATE OF		I j	1242							
HEALTH DEPT.	1.	PLACE OF DEATH	2. USUAL	RESIDENCE (Whare	leceesed lived, IF	institution: Reside	ince before edmi	ission)						
age ss. of		Gecil Maryland	a, STATE	Maryland	b. COU	NTY								
ent file	~	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town)												
irector your partme		Oakwood		Baltimore		;	26							
ay is necess al director. P for your fill Department death.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREE	TADDRESS Stre	eper		e. IS RESID	ENCE						
nny denay is necessary, a funeral director. Page tained for your files. State Department of s after death.	913 S. Stripper Street													
to the funeral diber sets in State Der hours after des	3.	Tuesday	CALLINA	OI.	Monti		Year 19 66							
2 = 6	5.	(ARA FRANCIS FAIRIGE C	ALLAHAN DATE OF BIR	N	—	IF UNDER 1 YEAR								
may be 2 with in 72 h		THE TEN MINKELD	Dec. 26		last birthday)	Months Days		Ain.						
and 2 within	10:	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR				12, CITIZEN	OF WHAT COU	NTRY?						
w event w	do	done during most of working life, even if retired)												
⊕ < ⊕	13.	Student Baltimore Maryland 13. FATHER'S NAME Andrew J. Callinan 14. MOTHER'S MAIDEN NAME												
any		(AKA) Andrew J. Callehan Helen Barlow												
=		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [If yes give war or detection vice)												
		No (AKA) Ar		_Callahan	913 S. A	Stripper	Street							
ral, and		18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).)					MERVAL BETWEE							
I-transit removal		IMMEDIATE CAUSE (a) FOWNING												
7 TO 3.		7248 DUE TO												
, E		Conditions, if eny, which (b)												
		(a), stating the underlying DUE TO												
	Z	eause lest. (c)	OT RELATED TO	THE TERMINAL DISEASE	CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTO	ORSY						
	15	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 17 NO 1871												
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY TO CONTRIBUTING DO CAUSE WAS PRIMARY TO CONTRIBUTING DO CAUSE OF DEATH.												
	CER	PRIMARY Por CONTRIBUTING DE CAUSE OF DEATH.	hile.	SWimmer	ec i.a.	a Gladi-	44							
	MEDICAL	Hour a.m. 8-7 19-66 et work at work	KWOOD C	Warry Vic. O.	KWOOD	Cocil	Md							
4		21. I certify that I took charge of the remains described above, he		F-7-78	Inquir	ry P and	in my opini	ion						
		death resulted from: Natural causes Accident Suici	ide 🔲, 🕒	Homicide [], Ur	determined m	nanner 🔲								
		$\mathcal{O}_{\mathcal{M}}$	CHIEF	F MEDICAL EXAMINER										
		SIGNATURE SIGNATURE	M.D. ASSIS	STANT MEDICAL EXAMIN	IER 📮	1	d ate s ignei	D						
		EXAMINER'STILLMAN IS Johnson	1 /)	TY MEDICAL EXAMINER	Lagrad	ç	5-7-66	-						
+	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		ess (Street, city, lown, or 22d, LOCA	county) TION (City, town	, or eounly)	(State)							
	,	REMOVAL (Specify) Burial 8-11-1966 Gardens of Fai	+10			nty Mary	aland							
		FUNERAL DIRECTOR ADDRESS		24a. REC'D BY REGIST		ISTRAR'S SIGNAT	TURE	ENCE ARM? SHRS. HRS. NTRY? P) OPEN O						
1]	Lilly & Zeiler Inc. 1901-07 Eastern Av	re.	DATE AUG 9	1966	ycharles	Judge							
N	\ <u>'</u>			-			<i>H</i> — — — — — — — — — — — — — — — — — — —							

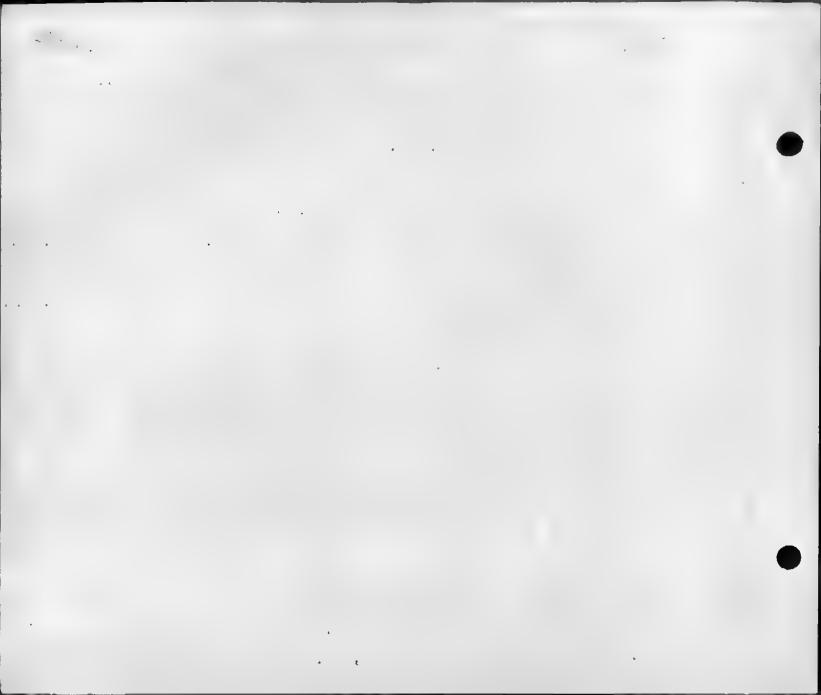


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11254 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n COLINTY Poge Marvland Cecil MARYLAND Ceci1 c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, c JENGTH OF STAY N 1b partme write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) Baltimore-rural Elkton, Md. d STREET ADDRESS e IS RESIDENCE farm De hours ON A FARM? Item 18. Give Pages 1, NONE Under railroad overpass-west end of Elkton YES NO 🔀 ate to executed within 24 hours after death 3 NAME OF Middle 4 DATE Month 5 DECEASED OF DEATH William Chadwick within (Type or print) 66 Office olong IF UNDER 1 YEAR FUNDER 24 HRS 6. COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdov) Months WIDOWED D VORCED male white 78 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even firet red) INDUSTRY COUNTRY? BUILDING RT. CARPENTER Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME CHADWICK ALICE GARRETT 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) or removal, 220-01-57/2 WENGER 1B CAUSE OF DEATH (Enter only one couse per time for (o), (b) and (c)) burial-transit PART I. DEATH WAS CAUSED BY-ONSET AND DEATH Multiple injuries IMMEDIATE CAUSE (o) This certificate should cremotion, DHE TO Conditions, if ony, which gove rise to immediate couse (o). forworded to DUE TO 0 stoting the underlying couse burial, nseq (PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPS PERFORMED? CERTIFICATION please execute the certificate, YES 😿 NO be 0 4 should be 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Port I or Port II of Item 18.) prior PRIMARY DO CONTRIBUTING Undetermined-probably fell from overpass to ground CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED A 20e. PLACE OF INJURY (Home, form, ((lity or town) (County) 20¢ TIME OF INJURY Month, Day, Year (Stote) foctory, street, office bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work at work 19 66 Elkton Cecil Md. 21. I certify that I took charge of the remains described above, held on Autopsy 🗷 Inspection . Inquiry [ond in my opinion the funeral director. Notural couses Accident death resulted from: Stricide . Homicide Undetermined manner k CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER CO. SIGNATURE DEPUTY MEDICAL EXAMINER 8/2/66 0 **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) Werner U. Spitz. NAME OF CEMETERY OR CREMATORY DATE THERE OF 23c 23d LOCATION (City or Town) BURIAL CREMATION. (Stote) 50 REMOVAL (Specify) HEWARR METH NEWARK 25a REC'D BY REGISTRAR FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/66

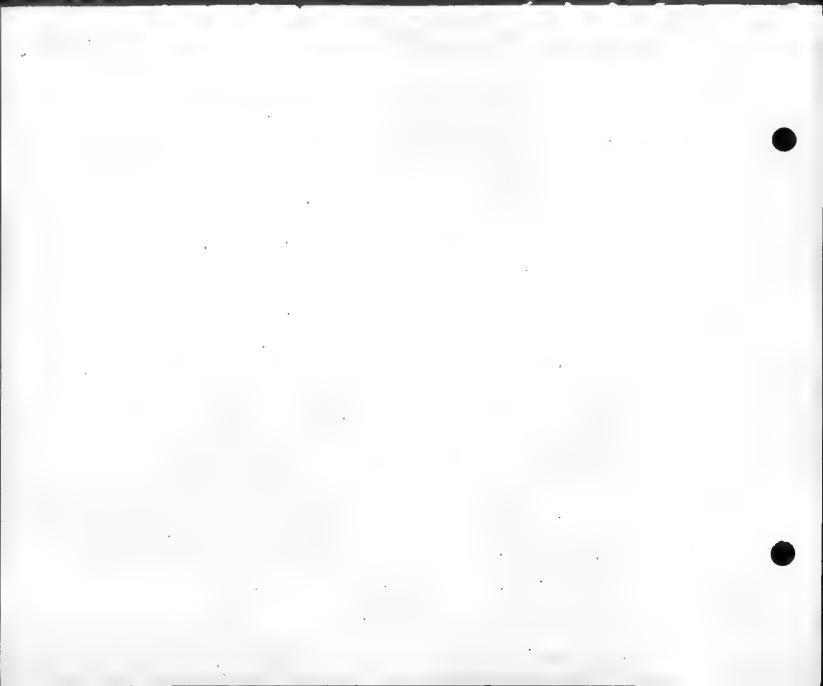


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission 1 PLACE OF DEATH n COLINTY b COUNTY Maryland MARYLAND Cecil b CTY OR TOWN (Foutside corporate limits. CLENGTH OF STAY N In c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Elkton Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, a ve street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs with farm Union Hospital Weavers Apt. Rd #1 ate YES NO -This certificate should be executed within 24 hours after death 3. NAME OF Midd e Last 4. DATE Month DECEASED OF DEATH Michael Colvin 66 (Type or print) NEVER MARRIED IF UNDER 1 YEAR | FUNDER 24 HRS 6 COLOR OR RACE 7 MARRIED DATE OF BRTH 9 AGE (In years lost birthdoy) Months 6-24-66 WIDOWED DIVORCED and 2 male white 21 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT during most of working life, even if retired) ONE ELKTON 13 FATHER'S NAME JOH N 6 SOCIAL SECURITY NO 17 INFORMANT remayal, (Yes, no, or unknown). If If yes give wor or dates of service) JOHN A. COLVIN IB. EAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY Interstitial pneumonitis (SDII) Б IMMEDIATE CAUSE (o) crematian, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse used as burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS1 CERTIFICATION PERFORMED? YES 🛣 O FUNERAL DIRECTOR: Page 3 shauld be Health ar its designated agent, priar to NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of item 18.) PRIMARY CONTRIBUTING C CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. foctory, street, office bldg , etc.) may be retained far yaur FUNERAL DIRECTOR: Page ot work please execute 21 I certify that I took charge of the remains described above, held on Autopsy & Inspection . Inquiry [and in my opinion the funera, directar. death resulted from: Notural causes x Accident -Suicide Homicide Undetermined manner ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER (C) SIGNATURE 8/16/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Werner U. Spitz, Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d. LOCATION (City of Town) (Stote) REMOVAL (Specify) GRACELAUN MEM. PK WILMINGTON INDHOR 250 RECD BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) TONIAS DOATE AUG 22 1966 6M 1/66





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o STATE b COUNTY - Page ecil to Maryland Cecil MARYLAND deloy gad-3.t Department c CTY OR TOWN (flouts de corporate limits, write RURA, and give neorest town) b CTY OR TOWN (if outside corporate imits, C LENGTH OF STAY IN 16 write RJRAL and give nearest town) Baltimore-rural -North East Rikton S RES DENCE ON A FARM? d. NAME OF HOSP, TAL OR INSTITUTION (If not in hospitol, give street address) d STREET ADDRESS OURS Office along with form YES NO 8 Give Pages Rte. I THE State Union Hospital This certificate should be executed within 24 hours after death NAME OF Midd e 4 DATE Month 1202 DECEASED 0F 8 8 Eller 19 66 Harley . E (Type or print) DEATH 8 DATE OF BIRTH IE UNDER 1 YEAR E JNDER 24 HRS SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED 39 vrs Feb. 14. 1921 white WIDOWED DIVORCED male ond 2 event 10b KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 100 USLAL OCCUPAT On (Give kind of work done 12 CT ZEN OF WHAT Auto Hosenbly Line Ashe (o. N.(. ony e, writing the word 'pending in penci in forwarded to the Chief Medical Examiner's pages 13 FATHER S NAME pencir .⊆ Arthur Eller Lettie Hana 9 and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give war or dotes of serv (e) 23-09-0688 ansit permit or removal, Mrs. Willadean Eller North East, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) bur al-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Diseasa IMMEDIATE CAUSE (o) 4221 burial, cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 0 PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (0) 9 WAS AUTOPSY PERFORMED? YES K NO. CERTIFICAT 0 e Pe Page 4 should be 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port I of Item 18.) prior should PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH agent, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF NJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection Inquiry (ond in my opinion the funeral director. Notural couses 😿 Suicide T. Homicide deoth resulted from Accident . Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 🖃 SIGNATURE DEPUTY MEDICAL EXAMINER Health or 8.9. 1966 Spitz, **EXAMINER'S** Werner may Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BJRIAL, CREMATION, 23b DATE THEREOF (County) (Stote) 50 onowingo Baptist em. 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR ATSME (5) 1966 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death. eath PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY CECIL CECIL MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 70 .⊆ bon papers. within 72 ho e. IS RESIDENCE INSTITUTION (if not in hospital, give street address) filled ON A FARM? 1 N 10 M YES X NO letely carbon 3. NAME DE DECEASED Middle Last DATE Month Day Year n any event, v 8 DEATH comple (Type or print) 19 CKSON AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED DATE OF BIRTH 7. MARRIED [last birthday) | Months | Davs Hours in any and WIDOWED DIVORCED 12. CITIZEN OF WHAT ending physician a 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? ON ECIL certificate MOTHER'S MAIDEN NAME removal. (011 16. SOCIAL SECURITY NO. Address (Yes. no. or unkown) I (If yes give war or dates of service) death d by the att transit perm cremation, 0 CLARENCE TUN INTERVAL BETWEEN n signed by the burial-transit p burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which **(b)** been gave rise to immediate the to DUE TO cause (a), stating the underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate PERFORMED? NO X YES hospital this cerum detached fo 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part (1 of Item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After tage 3 should be defilled with the State Not While 19 at work at work be retained 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at Fix AM, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page filed STAFF DIRECTOR PHYS. may TO FUNERAL PHYSICIAN'S director, p NAME (Type) CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. REMOVAL (Specify) MORTH EAST GRIAL REC'D BY REGISTRAR | 25b. REGISTRAR'S DIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o COUNTY b COUNTY Maryland Cecil Harford MARYLAND c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest fown) c. LENGTH OF STAY IN 16 b. C TY OR TOWN (If outside corporate limits, Porry Point Weeks Rocks d street Address Madonna Road Box # 49 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO L campletely fi Yegr 1966 NAME OF First Middle Lost OF DEATH 10 DECEASED L. JOHNSON MILTON (Type or pnnt) IF UNDER 1 YEAR IF UNDER 24 HRS. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (n years remay last b +hdoy) Hours MALE White 8-1-96 WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR 1Do USUAL OCCUPATION (Give kind of work done during most of working fe, even if refined) Saw Mill **COUNTRY ?** USA Rocks, Maryland attending physic permit. Then ple ion, ar removal, a 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Catherine Adams George V. Johnson 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes neo or unknown) (If yes give war or dotes of service) 214-16-9437 HOSPITAL RECORDS, VAH signed by the attent burial-transit permit burial, cremation, a INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ANSE AND DEATH Acute Coronary Thrombosis PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Arterio-sclerotic Heart Disease Years Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse as the priar tal has been Arterio-sclerosis generalized, severe Years last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Hypertensive Cardio-vascular disease YES 🔽 NO O FUNERAL DIRECTOR: After this certificate 2Do ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 8 10 66 21. I certify that (4) (this haspital) attended the deceased from. director, page 3 shauld shauld be filed with the comparation and the date stated above. 220 SIGNATURE 22b. DATE SIGNED 66 ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S VAH Perry Point, Md. NAME (Type) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23o. BURIAL CREMATION, (Stote) REMOVAL (Specify) 8 13 66 Madonna, Maryland Bethel Removal 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR, KURTZ VR A15 (4) 20 M 1/66 DATE AUG E. G. KURTZ & SON Jarrettsville, Md. 1986 Marter Jue

27 ŧ ¥ .

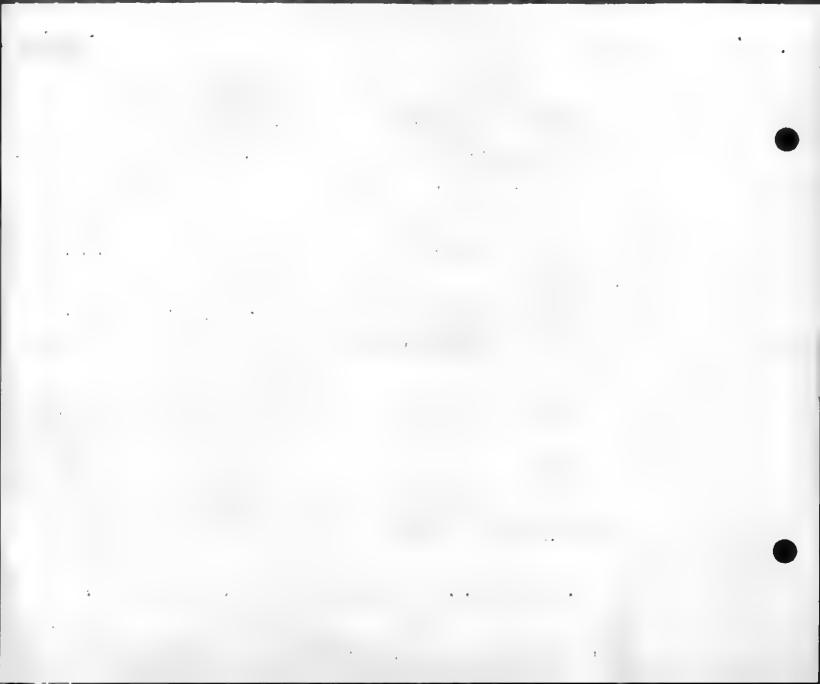
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1980

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PLACE OF DEATH					2 USUAL RESIDENCE (W	Vhere deceosed	lived, if institution		oefore odmissi	ion)
o condi	C	ECIL	MA	ARYLAND	MARY	LAND	v. coon	HARF	ORD	
b CITY OR TOWN	(If outside corporate limits	,	c. LENGTH OF STA	Y IN 1b	c CITY OR TOWN (If out	tside corporate	limits, write RUR	AL ond give ne	eorest town)	
Perry	POINT		84 days		Havre	e de Gr	ace	,		
d NAME OF HOSP	ITAL OR INSTITUTION (If no	t in hospitor, giv	re street address)		d. STREET ADDRESS				e IS RESI ON A F	DENCE FARM?
Vetera	ns Administ	ration_			404 8	5. Stok	es			NO 🔀
3 NAME OF DECEASED	Fsr		Middle		LOST	4 DATE OF	Month		Doy Ye	egr
(Type or print)	ALLIEW		E.	JOHN		DEATH	Augus			66
S. SEX	6 COLOR OR RACE	7 MARRIED 🙎		"" U "	B DATE OF BIRTH	9. /	AGE (In yeors loss outhdoy)	Months Do		R 24 HRS.
Male	Negro	WIDOWED	DIVOR		4-1-90		7.5			U.M.
100 LSUAL OCCUPATION during most of working	M (Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (County l	& State or foreig	jn country)		N OF WHAT	
Farmer	g ille, even il ronica)	Farm	er -reti	ired	Worcester		yland	U.S	RY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	Johnson				Maggie	Blake				
IS WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	f service) 16 SC	CIAL SECURITY NO		NFORMANT		Addres		_	
Yes	(If yes give wor or dotes o	21	.4 32 60	95 VA	Hospital Re	ecords,	Perry	Point,	Md.	
	DEATH (Enter only one cou: ATH WAS CAUSED BY:	Brone	o), (b), ond (c)) chopneum	onio					ONSET AND I	
	IMMEDIATE CAUSE	(0)	our of brief of the	Olita					1 day	
Conditions if an	which nove 3									
rise to immedia	ote couse (o), ((b)								
stating the und	eriying couse	(c)								
	SIGNIFICANT CONDITIONS CO		DEATH BUT NOT R	PELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN I	N PART I(n)		19 WAS ALT PERFORM	OPSY
200. ACCIDENT WORK CONTRIBUTION	Sional Control Control Control	OMERICO INC. TO	DESITE BOT WOLL	TENTED 10 1	TE TEMMINATE CONTROL CONT				PERFORM YES	NO X
200 ACCIDENT W	AS UNDERLYING 🗔	20b DESC	RIBE HOW INJURY	OCCURRED	(Enter noture of injury in F	Port I or Port II	of item 1B.)			
OR CONTRIBUTIN	G CAUSE OF DEATH Y MEDICAL EXAMINER)				,,		,			
₹ 20c. TIME OF IN	JURY Month, Doy, Yeor	20d INJ	URY OCCURRED		CE OF INJURY (Home, form,		City or town)	(County	r)	(Stote)
Hour o	o.m. 19	While at work	Not While	n foch	ory, street, office bldg., etc.)					
21 L cer	tify that 1600 this has	nital) attende	ed the decease	d fram	May 24 . I.	966 ta	August	16, 19662	XXXXXXXXXXX	XXXXXX
soxxixec	deedeboooo		0000\%000	c and that	death accurred at	4:15Pm	fram causes (and an the	date state	d abave
22o. SIGNATUR		AHH 11	7			MED	STAFF C	22b DATE S	SIGNED	
	The Mark	the alow		1.M). PHYS.	DIRECTOR [PHYS.	8/1	7/66	
22c. PHYSICIAN	5	July			22d, ADDRESS			1 202		
NAME (Typ	*) B. ROTHFEI	M.B.			VA Hospi	tal, Pe	rry Pol	nt, Md	•	
230. BURIAL, CREMAT	64		23c NAME OF CE	METERY OR	CREMATORY		TION (City or Tox		unty) (S	Stote)
REMOVAL (Special Removal	(4) aug. 2	0,1966	mr. W	Islay			w Ttel		md	
24. FUNERAL DIDE	MULLI LE ZE	Nock	ADDRESS			BY REGISTRAR	413116	GISTRARE SIGN	ATUR	udge
Bullock	's Mortuary	556 L e	wis St.	, Mevre	e de Grage	AUG 2	0 1000		0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye karbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 haurs ofter death. TO MOSTITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) PLACE OF DEATH b COUNTY TOTAL o COUNTY Marviand MARYLAND c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town) 8 ma. Il days Havre de Grice e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 770 THIson Street Veterans Alministration Hospit 1 YES NO 3. NAME OF Lost 4. DATE Yeor DECEASED CHM OT. Anmust 17 AUDIM LIIC (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) WIDOWED 10-10-95 DIVORCED Megro 12. CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY 3T . S . A . during most of working life, even if retired) Maure de Grace. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Osena Jones William Jones 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 214-16-9716 V. Hagnital Records, Perry Paint, Mi. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Malimant cachexia IMMEDIATE CAUSE (o). DUE TO Carcinoma, floor of mouth w/metastasis 115-2 yrs Conditions, if any, which gove) rise to immediate cause (a). neck and left lung DUF TO stoting the underlying couse 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 🔂 NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c, TIME OF INJURY Month, Day, Year (County) Hour o.m. While Not While of work factory, street, office bldg., etc.) 21. I certify that (II (this haspital) attended the deceosed from Decamber 619 65, to angust 1719 0, that (III (we) last 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 8-18-66 M.D. DIRECTOR 22d ADDRESS RIAMCAFLOT, M.D. VA Fospitel, Perry Point, Mi. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o BURIAL, CREMAT ON,

O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta

requires that the death certificate be executed within 24 haurs after death.

campletely filled in by the funeral govercondan papers. Pages, beard Weyent, Within 72 haurs, affer dedit

event,

signed by the attending physician and camp burial-transit parmit. Then please remove burial, crematian, ar remaval, and in any ew

attending position. The

be retained by the hospital ar attending physician.

REMOVAL (Specify)

ADDRESS Hovre do Proce, Md.

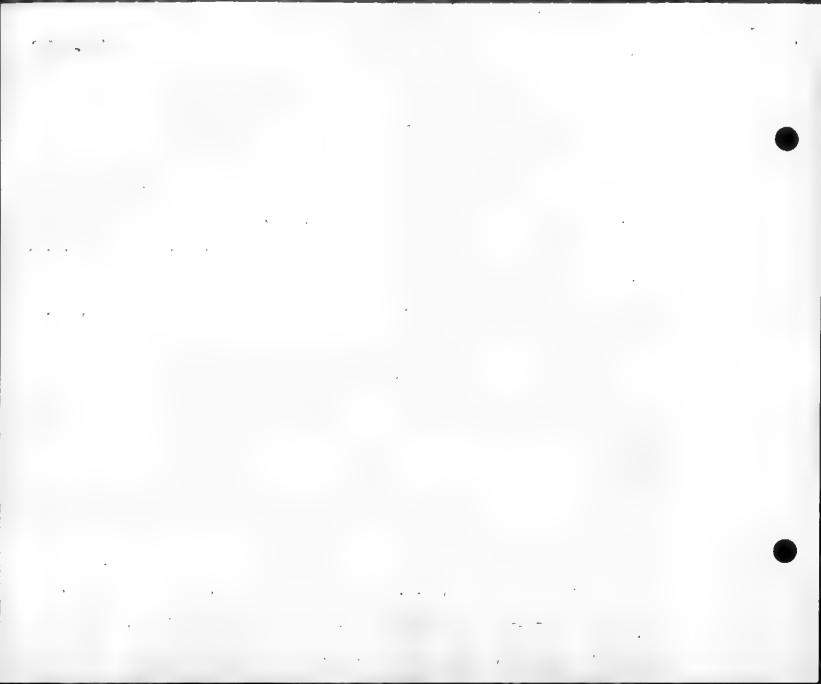
8-22-66

Baltimore National

2So. REC'D BY REGISTRAR AUG

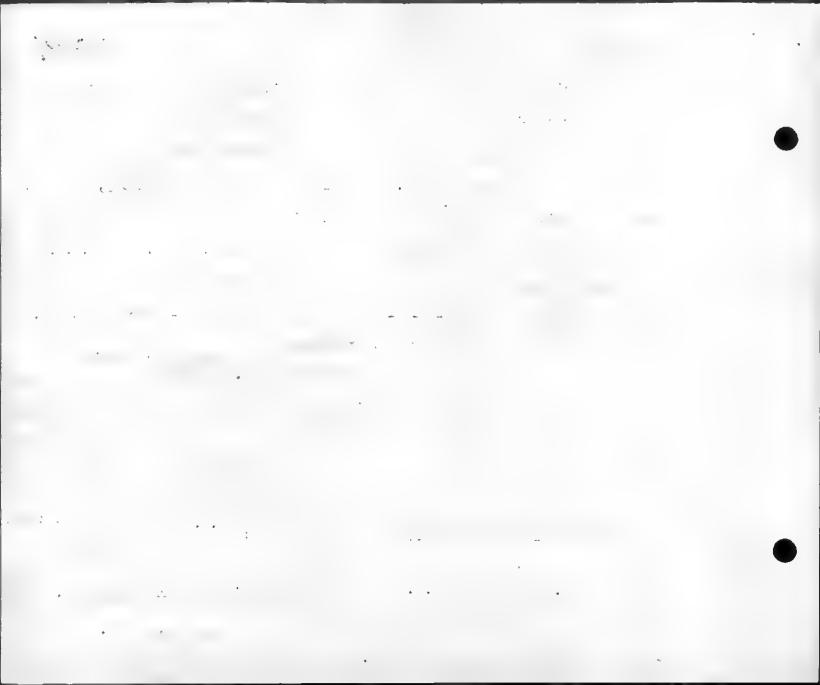
Baltimore,

Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11263 CERTIFICATE OF DEATH 24 haurs after death by the funeral Pages 1 and 2 and 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admissing-PLACE OF DEATH a. COUNTY b. COUNTY Maryland Harford Cecil MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carporate limits, I campletely filled in by the mave carban papers Page nv event, within 72 haurs a write RURAL and give negrest fown) 61 days Cardiff d STREET ADORESS a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? Chestnut Street VA Hospital YES NO X requires that the death certificate be executed within Middle 3 NAME OF Lost 4 DATE Manth DECEASED Vallie 19 66 KILBURN August 3. J. DEATH (Type or pnat) IF UNDER 1 YEAR 1 IF UNDER 24 HRS. B. OATE OF BIRTH AGE (In years S. SEX 6 COLDR OR RACE 7 MARRIED NEVER MARRIED remave last birthday) in any (11 23 95 WIOOWED DIVORCED Male White on and 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR LL BIRTHPLACE (County & State, or foreign country) IBo ESDAL OCCUPATION (Give kind of work done COUNTRY? INDUSTRY Painting during most of working life, even if retired)

Painter d York County. Penna. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Harry Kilburn (D) Virginia Shanberger (D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dotes at service) 215-24-61-34 VA Hospital Records - Perry Point. Md. Yes cremation, 1B. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati ONSET AND DEATH PART I, DEATH WAS CAUSED BY Urinary tract infection IMMEDIATE CAUSE (a). by the haspital or attending physician. arteriosclerosis DUE TO Chronic brain syndrome assoc. w/cerebral Conditions, if ony, which gave rise to immediate couse (o), DUE TO stating the underlying cause has been the Arteriosclerotic heart disease 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt 20g. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office blda., etc.) Nat While at work at wark 21. I certify that 21) (this haspital) attended the deceased from 19 XXBOCOCOCOC be retained , and that death accurred at5: 30 M, fram causes and on the date stated above. rementive relection and appropriate property of the contract o B 3 66 22a SIGNATURE 22b. MED. DIRECTOR ΜO PHYS 22d. ADDRESS 22c. PHYSICIAN S Page 4 may GOLDGRABEN. NAME (Type) VA Hospital - Perry Point. Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specific urial 8-6-1966) Slate Ridge Delta Penna FUNERAL OIRECTOR RECIDIBY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1986 VR A15 (4) 20 M 1/66 Funeral Fome. Delta. Penna.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11264 funeral 1 and 2 ter death requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Cecil Maryland. Cecil MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, papers Pag hin 72 hours o write RURAL and give nearest town) 8 days Perry Point Perry Point filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESTOENCE ON A FARM? 1155 Avenue A. VA Hospital YES NO X Middle 3 NAME OF Lost DATE Month Year physician and completely en please remove carban DECEASED (Type or print) 1966 August 13. Charles E. LAWSON event, DEATH S SEX 8. DATE OF BIRTH AGE (n years IF JNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost birthday) Months Doys Hours 4 14 02 WIDOWED DIVORCED ony Male White 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) **Physician** INDUSTRY COUNTRY? U.S.A. Physician Philadelphia. 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Helen A. Ritter Charles C. Lawson 16 SOCIAL SECURITY NO 17. INFORMANT WAS DECEASED EVER IN ITS ARMED FORCES? Address (Yes, no, ar unknown) (If yes give war or dotes of service) 216-44-27-20 VA Hospital Records - Perry Point, Md cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Acute myocardial infarction IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if only, which gove Coronary artery thrombosis rise to immediate cause (o). DUE TO stating the underlying couse by the hospital or attending os the prior to has been last. 19. WAS AUTOPSY PERFORMED?
YES NO PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p CERTIFICATION Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) OR CONTRIBUTING CLICAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) at work 8 13 66 , 19 21 1 certify that (44) (this hospital) attended the deceased from to storchenderereschiling and the date stated above. 22b. DATE SIGNEO 22a. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR M.D. PHYS. director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S Edgard E. Fokk 3rd. VA Hospital - Perry Point. Md. NAME (Type) MD 23. NAME OF CEMETERY OR CREMATORY
Grace Lawn Cemetery
Wilmington. Del. 230. BURHAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Removal Typec two 8-14-66 Del Wilmington ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Patterson Perryville . Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o STATE Pennsylvania a COUNTY Cecil b (OUN Delaware PM3. Poge to death. MARYLAND Deportment c CITY OR TOWN (f autside carparate mits, write RJRAL and give nearest town) b CITY OR TOWN (If auts de corporate limits, C LENGTH OF STAY IN 16 puo write RURAL and give nearest town) 12 Cov Morkham 10 weeks Glen Mills Rural. North East d NAME OF HOSP TAL OR INSTITUT ON (finat in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Sandy Cove Bible Conference 12 Gov. Markham Dr. Stote YES NO KX This certificate should be executed within 24 hours offer death NAME OF Middle 4 DATE Month Year DECEASED M. 66 (Type at pnnt) Mancini August Pearl DEATH WITHIN IF UNDER J YEAR FUNDER 24 HRS. S SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 7 MARR ED NEVER MARRIED birthday) Haurs July 25, 1895 DIVORCED white event female 1Da USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired) Summer Camp COLNTRY? Itlay qny pleasm execute the certificate, working the word "pemding" in pencil in I director Page 4 should be forwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ⊑ Antonio Mattozza Unknawn IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO 12 Gov. Markham Dr. Glen Mills. Pa. (Yes_na ar Linknawn) (if yes give war ar dates of service) 184-22-4552 removal Joseph Alessi 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Akovia 5 IMMEDIATE CAUSE (a) buriol, cremation, DUE TO Conditions, if any, which gave rise to immediate cause (a), 7 stating the underlying cause 00 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPS! PERFORMED? NO. 0 þe 2Da. EXTERNA, CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 1 of Hern 18.) 3 should PRIMARY [] or CONTRIBUTING [OTCAL EXAMINER: CAUSE OF DEATH 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, 2Dc. TIME OF INJRY Month, Day, Year (City or town) (Caunty) (State) factory, street, affice bldg , etc.) Rour am Nat While may be retained for your FUNERAL DIRECTOR: Page at wark at wark 21. I certify that I taok charge of the remains described above held an Autapsy Inspection . Inquiry [and in my apinian the funeral directar death resulted fram: Natural causes Accident Suicide 🗌 Hamicide -Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY TO FUNERAL Health or i 8/8/66 DEPUTY MEDICAL EXAMINER NAME (Type) Rolando A. Najera, M.D. Address (Street, city, tawn, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) Burial 8/12/66 Rockledge, Montgomery, Lawnview Cemetery Pa. 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Grant Funeral VR A15ME (5) North East, Md. DATE 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11265 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) puo PLACE OF DEATH etely filled in by the funeral orbon papers. Pages 1 and ht, within 72 hours after deat b. COUNTY a. COUNTY MARYLAND District of Columbia Cecil C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RJRA, and give nearest town) h CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Perryville 2 days Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (1f not in hospital, give street oddress) 1473 Girard St., N.W. YES NO.XX VAH.. Perry Point. Md. Middle Inst Day Year 3. NAME OF DECEASED 20 19 66 THOMAS JETHRO MARSHALL. August (Type or print) DEATH IF UNDER 1 YEAR IF JNDER 24 HRS ond comply 9. AGE (n years S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED Months lost birthdov) WIDOWED DIVORCED 11-13-94 signed by the ottending physicion and a burial-transit permit. Then please remo burial, cremation, or removal, and in any Male Negro 12. CITIZEN OF WHAT 10o US. AL OCCUPATION (Give kind of work done TOD, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Railroad U.S.A. King George Co. Va. Taborer 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME MARSHALL MARIA JOHNSON LEWIS 17 INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes of service) 705-12-1195 VA Hospital Records, Perry Point, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY-Bronchogenic carcinoma left main lower bronchus IMMEDIATE CAUSE (o) attending physician. Severe Pulmonary edema due to congestive DUF TO heart failure 1 day Conditions, if ony, which gove : use to immediate couse (a), DUE TO stating the underlying couse os the prior to has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detached for use State Dept, of Health YES 🛣 NO TO FUNERAL DIRECTOR: After this certificate by the hospital or 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While at work at work 21. I certify that (A) (this haspital) attended the deceased from 8-18-, 19.66 , ta_ 8-20-1966, storodkistorodkistorok Page 4 may be retained percompagation and the date stated above. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING 8-21-66 DIRECTOR director, page 3 should be filed v 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) VAH Perry Point, Md. Irina Reus 23d. LOCATION (City or Town) 236 DATE THEREOF. 8-22-66 23c NAME OF CEMETERY OR CREMATORY (County) (State) direct 23c BURIAL CREMATION REMOVAL (Specify) Arlington National Fort Myers Remova. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 6th Street, N.W. WashingtonD. VR A15 (4)

20 M 1/66

F. TAYLOR-FORMAN FUNERAL

C7224074

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH by the funeral 24 hours after death PLACE OF DEATH deat and USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. CDUNTY b. COUNTY a. STATE physician and completely filled in by the fi please remove carbon papers. Pages 1 (d), and in any event, within 72 hours after o Cecil Cecil MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) Liberty Grove Grove Years Rural Libertv Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. NO V YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. NAME DE Middle Month Last DATE Year DECEASED Joseph Walton DEATH (Type or print) 8 66 McCov 19 6. COLOR OR RACE DATE DE BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED DO NEVER MARRIED 9. last birthday) Months Days Hours 6 WIDOWED DIVORCED 30 Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Carpenter Ret 10b. KIND OF BUSINESS OR INDUSTRY
Construction 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Virginia Col 13. FATHER'S NAME MOTHER'S MAIDEN NAME the attending phy it permit Then p nation, or removal, John F. McCoy dabelle Crumpter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) [(Ifyes give war or dates of service)] TO FUNERAL DIRECTOR: After this certificate has lieen signed by the at director, page 3 should be detached for use as the burial-transit perm, should be filed with the State Dept. of Health prior to burial, cremation, Wrs. Joseph Same as above McCov INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY PERFORMED? 19. YES NO X 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 18 4 1945_ that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and that death occurred at M. from the causes and on the date stated above. 22a. CSIGNATURE DATE SIGNED 22b. MED. DIRECTOR STAFF TO HOSPITAL (Page 4 may M.D. **PHYS** PHYS. 22c/ PHYSICIAN'S ADDRESS NAME (Type) Port Deposit Richard BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOYAL (Specify) Port Deposit 966 Harmony FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Rising DATE 15M 4-64



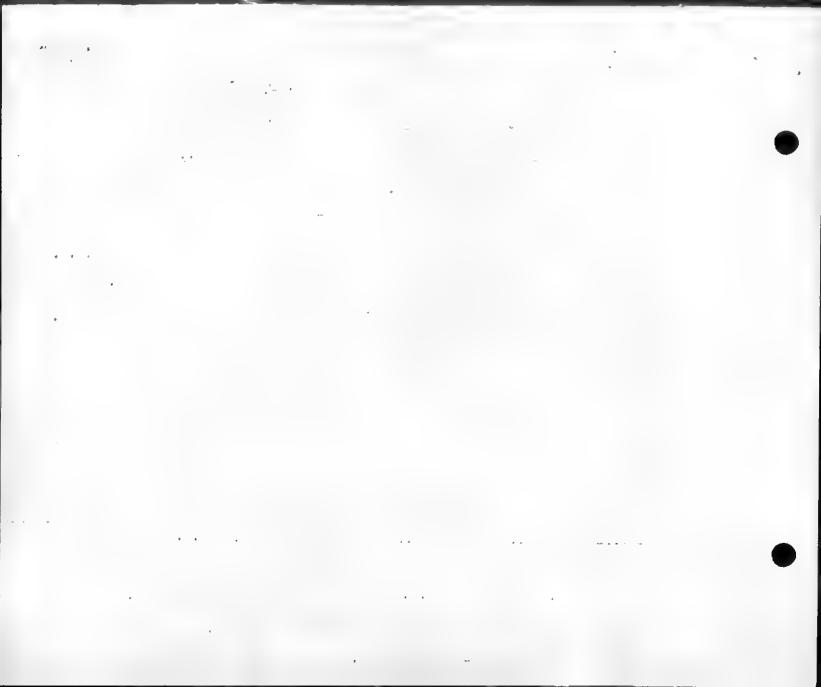
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ĺ	1268	CERTIFICAT	E OF DEATH	, , , , , , , , , , , , , , , , , , ,	11257					
	CE OF DEATH OUNTY Cecil	MARYLAND	o STATE Marylan	å b count	HOLLOIG					
Ь	ITY OR TOWN (If outside carporate imits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)							
	write RJRAL and give negrest town) Perry Point	3 days	Aberdeen		/ n +					
d	IAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?					
	VA Hospital		306 Edmu		YES NO 🔀					
	ME OF FIRST	Middle		ATE Month	Day Year					
(Ty	pe or print) CHA	RLES W.	MYERS	EATH AUE	gust 2, 1966 IF UNDER 1 YEAR IF UNDER 24 HRS					
. SE)		. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-24-08	9. AGE (In years last birthday) 57 yrs.	Months Days Hours Min.					
Da U	UA. OCCUPATION (Give kind of work done mast of working life, even if retired)	IDB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	e, or fareign (auntry)	12. CIT ZEN OF WHAT COUNTRY?					
		Barbering	Illinois		U.S.A.					
13 F.	Barber THER'S NAME		14 MOTHER'S MAIDEN NAME							
		lward Myers	4/e13:		Unknown					
IS. V	AS DECEASED EVER IN U.S. ARMED FORCES? a, ar unknown) (If yes give war ar dates af se	ervice	INFORMANT	Address						
	Zes WW II	473 03 76 08	VA Hospital R	Point, Md.						
	PART I, DEATH WAS CAUSED BY:	per line for (o), (b), and (c)) Acute myocardial	infonation	infonction						
	IMMEDIATE CAUSE (o)		ONSET AND DEATH							
١	4201 DUE TO	Severe arterios	lerotic corona	ary disease	years					
n	nse to immediate cause (a), (b)									
	st. underlying cause (c)									
_ -	ART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						
5	Diabetes mellitus									
CERT	IO. ACCIDENT WAS UNDERLYING R CONTRIBUTING COLORS FEITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURREN). (Enter nature of injury in Part I	or Part II of item 18.)						
L	Ox TIME OF INJURY Month, Day, Year Haur a.m. 19		LACE OF INJURY (Hame, form, octory, street, affice bldg., etc.)	20f. (City ar town)	(Caunty) (State)					
h	21 Leartify that 30 (this hasnit	ol) attended the deceased from	7 31 66 19	_, to_ 8 2 66						
	contected and contest and cont	occasionación , and th	nat death occurred at <u>12:</u>	55Metron causes a	nd on the date stated obov					
	20 SIGNATURE SCORE	folia	M.D. PHYS MED.	TOR STAFF	22b. DATE SIGNED 8 2 66					
	PHYSICIAN'S NAME (Type)	DARRIE M D	22d. ADDRESS							
	3. 30112.6	RARFIL, M.D.		ry Point, M						
		1	AL DECD DV		Heen, Marylar					
24	MA POTANCE THE PART OF	Me / Therdeen Md	DATE ALIG	4 1966	maries Judge					
	BURIAL, CREMATION, 236 DATE THERE	OF 23c. NAME OF CEMETERY O	emorial Garde	ad LOCATION (City or Towns Abend	een,					

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate December within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs ofter death completely filled in by the fugilial PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Maryland MARYLAND CEITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carporote limits, C LENGTH OF STAY IN 16 write RURAL and give nearest town) Port Deposit Port Deposit d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Principio Road NO-Principio Road 4. DATE 3 NAME OF Middle Nease Lost Month First DECEASED DEATH (Type ar pant) IF UNDER 1 B DATE OF BIRTH AGE (In years 6 COLOR OR RACE NEVER MARRIED anyae last birthday) Days WIDOWED DIVORCED Cau. signed by the attending physician and burial-transit permit. Then please femburial, cremaval, and it am 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) dur ng most of working life, even if retired)
Floor Superviser

13. FATHER'S NAME COUNTRY? INDUSTRY Ordnance Plant Penne.

14. MOTHER'S MAIDEN NAME Charles G. McCann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates at service) Florence J. 17. INFORMANT 16 SOCIAL SECURITY NO McCann. Port Deposit 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not While at work 21. I certify that (I) (this hospital) attended the deceased from. , 19____, to_ , 19___, that (I) (we) lost director, page 3 shauld shauld be filed with the -1 M. from couses and on the date stated above. sow the deceosed obtalon 22b. DATE SIGNED 22a, SIGNATURE STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Clarence Port Deposit, Md. Benson MD 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AUG VR·A15 (4) 20 M 1/66 atterson & Son. Perryville

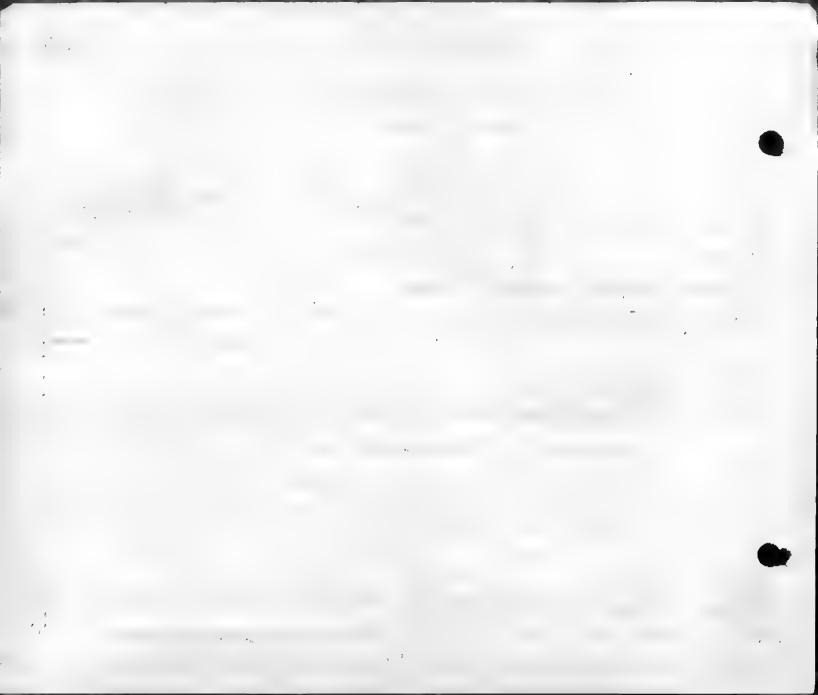


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH CV PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funerol 1 and 2 ter death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o. COUNTY event, within 72 hours ofter MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 3 wks. Elkton Elkton illed in bappers d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Tinion Fospital YES NO EX 3 NAME OF First Middle Lost DATE Month Dov Year DECEASED OF Clarence Olson DEATH Aug. (Type or pont) IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** DATE OF BIRTH AGE (In years lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Oct.15. 1892 Male 12 CIT.ZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? U.S.A during most of working life, even if retired) INDUSTRY Pennsylvania Plumber Plumbing 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, attending phys Unknown Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Trs. Betty Leak. 211-03-1719 Elkton. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-tronsit p ONSE AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause State Dept. af Heolth prior to | as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO <u>ō</u> 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While of wark ot work 21. I certify that (1) (this haspital) attended the deceased fram while 1, 1966, ta August 2, 1966, that (1) (we) last saw the deceased glive an August 2 1966, and that death accurred at 4:50 M, from Jauses and on the date stated obave. . 1966, ta Hugust 2, 1966, that (1) (we) last director, page 3 should should be filed with the 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22c. PHYSICIAN'S NAME (Type) 22d, ADDRESS 230. BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) Elkton Cemetery Elkton. Md. /5 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 for

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1 6

1		MARYLAND STATE DEPARTMENT OF HEALTH
) 		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		11271 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11260
HEALTH DEPT.		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission COUNTY)
Page iles.		MARYLAND STATEMAZY LAND, COUNTY CECIL
necessary ctor. Pag our files.	Ь	c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
is nece irector your your bartme	1	FIKTON (KIEING SUN
y is necess director. P or your file leath.	d	. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS
# # # T D		UNION HOSPITAL
	3. 1	NAME OF First Middle Last 4, DATE Month Day Year
		DECEASED Type of print) OSCAR LEE PALMER DEATH AUGUST 6 1966
	5. 5	
and 3 and 3 may 2 with 172 min 72	1	1AIR WHITE WIDOWED DIVORCED DEC, 10, 1912 Months Days Hours Min.
もつのでも	10a.	USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 RIETHPI ACE (State or former country)
ours of Jes 1, 2 Page Is 1 an	don	LABORER FARM KENTUCKEY USA.
24 hours e Pages 1 PM3. Pag pages 1 y event		FATHER'S NAME
		CLYDE PARMER ANNIE CORNETT
		WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ted within tem 18. 6 with form with form mermit. Eli	(Yes,	RUBERT PALMER, RISING SUN, M.
wite [, a]	1	
xec ong ong ova		PART L DEATH WAS CAUSED BY: MCUTE AND CH-RENIL ALCOHOLISM ONSET AND DEATH IMMEDIATE CAUSE (a) ACUTE AND CH-RENIL ALCOHOLISM
ould be exect in pencil in Office along burial-transit or removal.		3221 DUE TO
uld in p Offic uriz		Conditions, if eny, which \(\begin{array}{c} arra
sho 's' C' 's C ion,		geve rise to Immediate cause
rificate shou "pending" it kaminer's Of used as a bu cremation, u		(e), stating the undarlying but to contain the undarlying (c)
EXEMIMER: This certificate should be executed ate, writing the word "pending" in pencil in Item to the Chief Medical Examiner's Office along with R. Page 3 should be used as a burial-transit men agent, prior to burial, cremation, or removal, an	ᇎ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e); 19, WAS AUTOPS
This cert "word" "uld be u burial;	CERTIFICAMON	PERFORMED? YES NO W
2R: This I the wo Medica Should r to bur	[음]-	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert II of item 18.)
ER: 7 The Med shou	8	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
LMINE writing Chief age 3	3	29c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20t. (City or town) (County) (State)
AMIN, writh	MEDICAL	Hour e.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work et work
UTT NEW ICAL EXAMINED Examined to be forwarded to the Chief ERAL DIRECTOR: Page 3 sor its designated agent, prior		21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion
CCAL e cartific arded to RECTC ignated		death resulted from: Natural causes, Accident . Suicide . Homicide . Undetermined manner
ard and igna		CHIEF MEDICAL EXAMINER
de Sold		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
Pout Peut Paut Paut Paut		DEPUTY MEDICAL EXAMINER (X)
FUUTE Dase execute should be for FUNERAL		NAME (Type) NENRY VD AVIS HOLD CHARTERY OF CREMATORY 22d. LOCATION (City, low), or county) (State)
	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, Towy), or county) (State)
5 2 4 5 ±		Burel 8/9/66 PERTERS BRIDGE BAPTIST COLORA, CECIL MO.
	23_	PURIERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE
VR A15ME SM 1/62.	1	Schard L. Goode Kising Sun, Marie AUG 9 1866 Charles



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1127	>		CERTIFI	CATE	OF DEATH				112	6 I
PLACE OF DEATH © COUNTY Cecil			MARYL	AND	usual residence (o state Delaws	ure	b. (OUN	New (Cast]	
Perry d. NAME OF HOSPIT	TAL OR INSTITUTION (If n	ot in hospital, giv		105 ·	Wilmin STREET ADDRESS F	iside corporate igton aulkla	nd Heig		e tS I	RESIDENCE A FARM?
Vetera NAME OF DECEASED		rst	Middle		2502 Abe	4. DATE	Mont		Doy	Year
(Type ar print)	FI	RANK	P	ASTAL		DEATH	Augu			19 66
. sex	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	므ㅣ	0-4-22	9. /	dGE (In years ast birthdoy) 3 yrs	Months D	ear IF UN lays Ho.	NDER 24 HRS Urs M.n.
Oa LSUAL OCCUPATIO	N (Give kind of work done life, even if retired)		OF BUSINESS OR JSTRY		11. BIRTHPLACE (County New Cast		in country)	LONN	EN OF WHA	
Laborer 3. FATHER'S NAME		J		1	4. MOTHER S MAIDEN		Lawai 4			
Unknows	(D)				Mary (?)					
IS. WAS DECEASED EV (Yes, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give wor or dates)	of service) 16. SC	CIAL SECURITY NO. 1-12-5717		Hospital	Record	Addre		nt. N	id.
Conditions, if any rise to immedio stating the underlast.	te cause (a), (tic h	eart dise	ase W/I	yocard	ial	Unkn	OWN
PART II. OTHER S	IGNIFICANT CONDITIONS (ONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE	TERMINAL DISEASE COI	NDITION GIVEN I	N PART 1(o)		19. WAS PERFO	ORMED?
OR CONTRIBUTING	IS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OC	CURRED. (En	ter nature of injury in	Port I or Port II	of item 18.)			
⊞ Hour a. E p.	m. 19	While at work	Nat While at wark	foctory,	OF INJURY (Home, farm, street, office bldg., etc.)		City or town)	(Count		(Stote)
21. I cert	ify that (* (this ho	spital) attende	ed the deceased f	from_ J v	ne 14	19 <u>66</u> , to_	August	2119 6	O HARRY	in (Ma) H
	eresocobecotoc	XXXXXXX	AXXXXXXX O	ind that d	leath occurred at	2:55M	rom causes			ited abov
22a. SIGNATURE	0.			M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED	
22c. PHYSICIAN' NAME (Type		ARRIS,	M.D.		VAH, Pe	erry Po	int, M	d.		
230. BURIAL, CREMATI REMOVAL (Specif BUTTAL	3/25	160		on No	ational C	Comete:		lingt		(State) Va.
24. FUNERAL DIRECTO	R Hicks Furer	neral H	ome Wilming	on, l		AUG 25		GISTRAR S SIGN		udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 4-and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

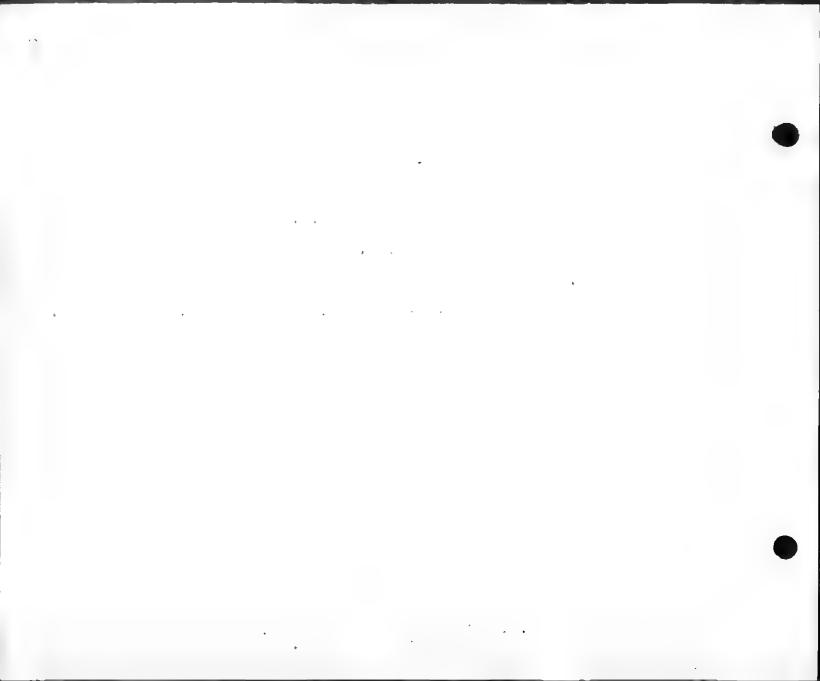
Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 .

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
년~~ <u>~</u> ~~	11273 CERTIFICATE OF DEATH 11263
affet death. The femeral ges 1- and 2 after death.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE ARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY C. C. I.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
filled sapers in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum_{NO} \) YES \(\sum_{NO} \)
comply ve car ve car ve car	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year DECEASED Graph or print) AM CAR Part BEATH Graph Grap
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? CCCI COUNTY MARY AND SAY
leath certificat e attending phy vermit. Then p	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Address R. D. 1, EIKTON
requires that the ding physician. been signed by the burial-transit ar to burial, cremating the burial to burial, cremating the burial to burial to burial.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
Page 4 may be retained by the hospital or atten for FunexaL DIRECTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health price	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 1B.) 19. WAS AUTOPSY PERFORMED? YES NO NO NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
JING PHYSICIAM. d by the hospital After this certifi d be detached fo	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at work.
OR ATTENDING The retained by DIRECTOR: After ge 3 should be led with the Stale	21. I certify that (I) (this hospital) attended the deceased from 8 - 17 , 1966, to 8 - 17 , 1966 that (I) (we) last saw the deceased alive on 8 - 17 1966, and that death occurred at 10 AM, from the causes and on the date stated above. 22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED M.D. PHYS. DIRECTOR PHYS. 8 - 17 66
TO HOSPITAL OR Page 4 may be director, page 3 should be filed by	22c. PHYSICIAN'S NAME (Type) LUIS M. CUZA 22d. ADDRESS 32 Z E. CECITAL A VEND. 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CHETERY OR CREMATORY 23d. LOCATION (City), town of county) (State)
5 전 전 설 분 - 등 전 등 분	BREMOVAL (Specify) 8/19/66 GITSIN MANOR MEMIK, EIKTON, Md. 24. FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Hick's Frome for FUNERAIS DATE AUG 22 1966 Johnson Judge



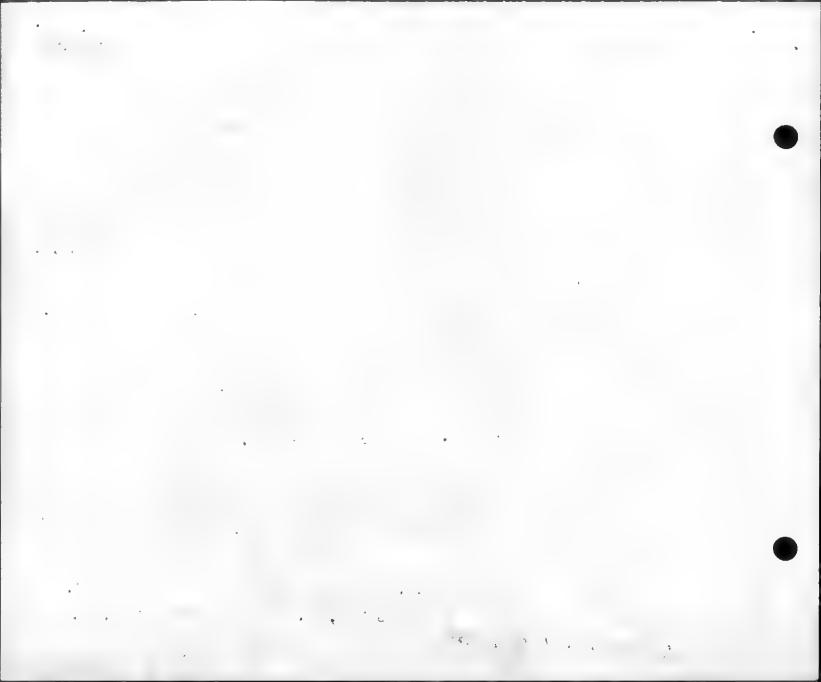
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1264 11274 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived it institution. Residence before admission) , 2, and , PM3. Page a COUNTY Department of urs after death. Cecil MARYLAND Maryland delay i b CITY OR TOWN (floutside carporate limits. L LENGTH OF STAY N 1b CITY OR TOWN (if autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest town) Perryville Perryville Rural a NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? alang with farm haurs 8 Give Pages 1, Penn. RR Tracks ИО. gre Frenchtown Road hours after death 3 NAME OF Middle First 4 DATE Manth Day Year 72 5 DECEASED OF DEATH Ф 28 19 66 August with the (Type ar print) HENRY JAMES SADLER S SEX IF UNDER 1 YEAR | LIF UNDER 24 HRS 6 COLOR OR RACE 7 MARR ED B DATE OF BIRTH AGE (le years NEVER MARRIED WIDOWED D VORCED Aug. 5.1925 Male White Item 18 10a US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT Wiley.Mfg.Co USA ? during most of warking life, even if retired) Maryland
14. MOTHER'S MAIDEN NAME 24 QU) d "pending" in pencil in Chief Medical Examiner's pages 13. FATHER'S NAME be executed within 5 Mabel Warner T. Sadler James and IS. WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address remayal, (Yes, no or unknown) (It yes give war or dates of service) 710-09-6983 Mrs. Alice Sadler, Perryville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Craniocerebral Injury. G ? IMMED ATE CAUSE (o) This certificate shauld crematian, 80× K DUE TO to the Canditians, if any, which gave ease execute the certificate, writing the rise ta immediate cause (a). DUE TO stoting the underlying cause shauld be farwarded 0 burial, PART II OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 9 WAS AUTOPS CERTIFICATION PERFORMED? YES 🗖 2 NO pe pe 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) prior PRIMARY S or CONTRIBUTING . Pedestrian struck by train. CAUSE OF DEATH agent, ! 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m RR Tracks Wh a Nat While FUNERAL DIRECTOR: Page at wark xxxx 8/28 1966 Perrvville Ceci1 Md. at wark Health or its designated 2). I certify that I took charge of the remains described above, held an Autopsy [X] Inspection Induiry and in my apinion the funeral directar. Suicide 🗌 death resulted from. Natural causes Hamicide Accident x Undetermined manner be retained ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY 8/28/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty, M.D. may NAME (Type) Address (Street city, tawn, ar county) 23c NAME OF CEMETERY OR CREMATORY 23d cOCATION (City or Town) BUR AL CREMATION. (County) (State) 0 Bu PHOYAH Specify West Nottingham Cem Colora. Cecil 250. REC'D BY REGISTRAR
DATE SEP 7 Son Terryville Md REGISTRAR S SIGNATURE 25b Ocharles VR ATSME & 1966 6M 1/66



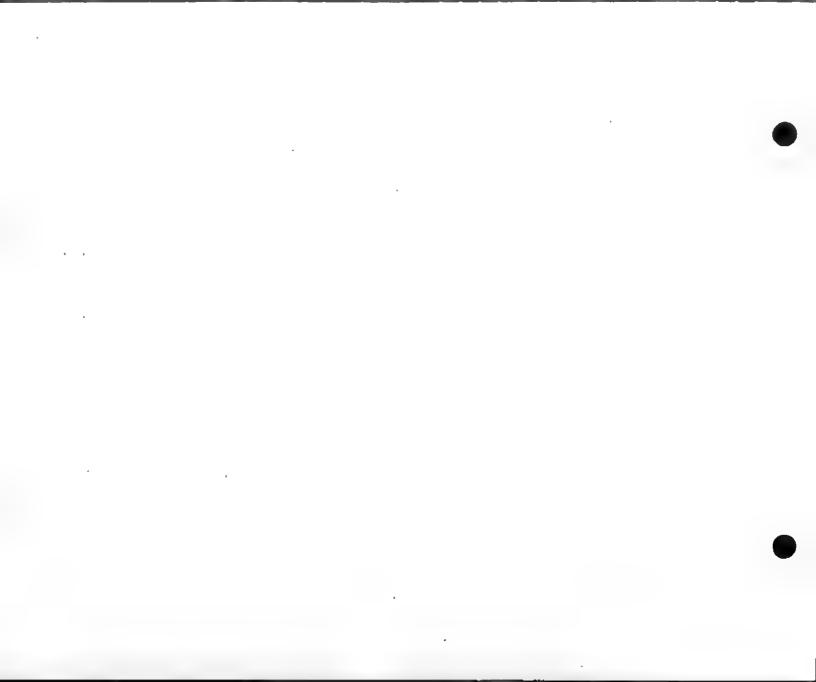
_	11275)						301 W. PRES	TH				13	126	5
1.	PLACE OF DEAT	Н					h	2. USUAL RESID	ENCE (When	e deceas	ed lived, If in	stitution: R	esidence	before a	dmission
	Cecil					MARYLAN	ا ،	a. STATE	rland		b. cou	ur Decil			
	b. CITY OR TOW write RURAL	N (if outside	corporate	limits,	c. LENGT	H OF STAY IN		c. CITY OR TOWN	(If outside	corpor	ate limits, wi	ite RURAL	and give	e neares	st town)
	Till late	on			22	yrs.		Elki	on	R.	D 3				#
	d. NAME OF HO	SPITAL OR IN	ISTITUTION	(if not in i	rospital, giv	e street addre	ss)	d. STREET ADDRE		- L -	J. U		8.	IS RES	IDENCE
	Blue	Ball	Rd.					Blue	3a11	Rd			V		FARM?
3.	NAME OF DECEASED		First		- A	Aiddie		Last	4. D/	TE	Monti	1	Day	Yea	
	(Type or print)		Lula		P			Sadler	DF	ATH	Aur	.]	.5.	19	66
5.	SEX	6. COLOR C	R RACE 7.	MARRIED	NEVER	MARRIED	8.	DATE OF BIRTH		9. A	CE (In years			FUNDER	
F	emale	White		WIDOWED		DIVORCED	J	an. 10.	1904	6	st birthday)	Months	Days	Hours	Min.
10.	a. USUAL OCCUPAT	ION (Cive kin	d of work do	ne 10b. r	KIND OF BUS	SINESS OR	-	11. BIRT HPLACE	(County & S	tate, or) 12. CI	TIZEN O		
	ousewif		, ii remen	1				Virgin:	ia				UNTRY?		
	FATHER'S NAM							14. MOTHER'S M	AIDEN NAM	É					
	Benjar	min Te	errv					Laura M	ae IIa	nco	ck				
15 (Y	. WAS DECEASED (EVER IN U.S. /	RMED FORC	ES? 16.	SOCIAL SEC	URITY NO.	17. 11	NFDRMANT			Addres	S ? . 7)	.3		
	No	() C g i c i i	, or accessor 50	22	23-12	-1471	TTe	nry J. S	Sadle	r.	Elkto:	n. ifi			
	18. CAUSE DF	DEATH [Ente	r only one c	ause per l	line for (a), ((b), and (c).]					<u>:</u>		INTER	VAL BET	IWEEN
	PART I. DE	ATH WAS CA	USED BY: E CAUSE (a)	Ca	rdia	c 57	S mal	(still						T AND D	
	4200		DUE TO				OII 7 /165	37.47						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 10
	Cenditions, If		(b)	Cas	mblet	1c 14	ردی	vf Black	4				/	د برسیا	L =
	gave rise to cause (a), st		DUE TO			,									
_	underlying caus	e last.	(c)	171	rteri	030/6	ret	tic Hez	rt D	158	22.55		6	rea	15
CERTIFICATION	PART II. OTHER S	ICNIFICANT	CONDITIONS	CONTRIB	UTINCTODE	ATH BUT NOT R	ELATE	ED TO THE TERMINA	L DISEASE C	ONDITI	ON CIVEN IN	PART 1(a)		WAS AU	
IICA													YES		NO A
RTII	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDER!	YINC [] OF DEATH	20b.	DESCRIBE H	IOW INJURY O	CCURF	RED. (Enter nature	of Injury I	Part I	or Part II o	Item 18.)	_		
MEDICAL	20c. TIME OF I		th, Day, Yea		NJURY OCCI	8.	PLACE	OF INJURY (Home , street, office bldg	farm, 20	f. (Cit)	or town)	(Cour	ity)	(\$	tate)
MEC	p.n		19	While at work		1116	,	, , , ,	, 0.0.,						
	21. I certif	y that (I) (t	his hospi ta	il) attend	ed the dec	eased from.			19/.0.	to	8-17	-, 19 <u><</u>	ر tha	t (I) (w	e) last
	saw the dec	eased alive		4				death occurred a	(. 30 M	from t	the causes	and on th	e date	stated	above.
	22a STONATUR	E	(X /	/.			ATTENDING	MED		STAFF	22b. DA	TE SICN	ED	
	000 00000	Lees		- Yel	un	err	M.D.	PHYS.	MED. DIRECTOR		PHYS.	8-	16-	60	
	22c. PHYSICIA NAME (Ty	pe] /	/	51	1			22d. ADDRESS		1		1 1			
	RUDIAL OPEN	ATION L 225	DATE THE	DE05	alansa	ا 17 منا	2	173 Jin	sery	11	VC. E	Mor	1, 17	-	
238	REMOVAL (Spe	cify) 230.	/a a /a	REUF				OR CREMATORY			ION (City, to	wn or cour	ity)	(Sta	ite)
24	Burial FUNEDAL DIRE	CTOR /	/13/6	6/-	Unio ADD	n Met]	L.	Cemeter	EC'D BY RE	LON		GISTRAR'S	SIGNAT	ilipe .	
40	Dal	telle	CX	Luc	KL	/ .	48	2	AUG 2			Elian		and	et
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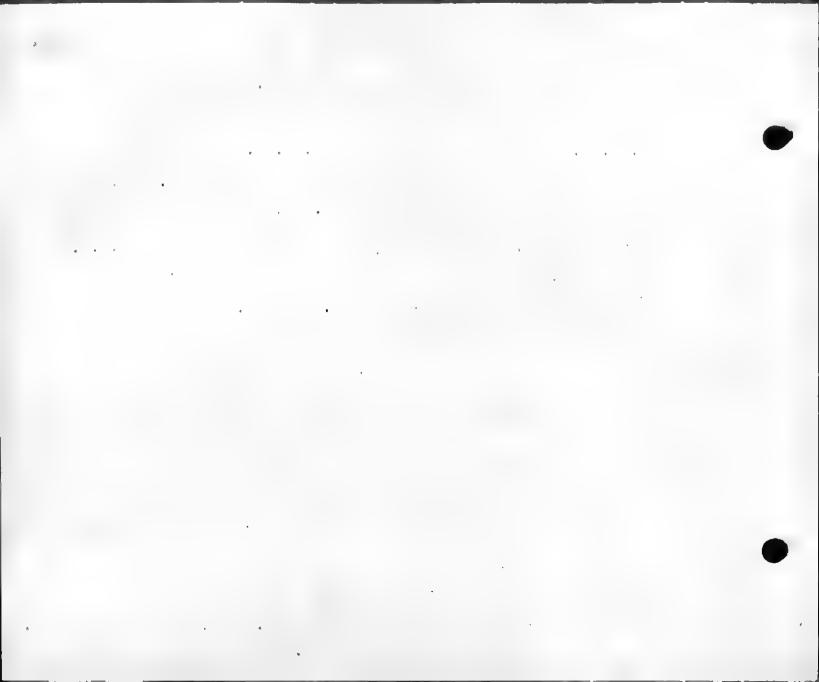
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 11275 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours ofter death ond 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY **b** COUNTY MARYLAND c LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 24 days 'lattenville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d. STREET ADORESS e IS RESIDENCE ON A FARM? Veterans Administration Hospital YES NO F-3 NAME OF Midale Last 4 DATE Month DECEASED OF SAVAGE SETELL DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS OATE OF BIRTH 9 AGE (In years S SEX 6. COLOR OR RACE 7. MARRIFO **NEVER MARRIEO** birthday) Manths WIDOWED DIVORCED 7-11-96 Male Negro phylicien and one of the phylician please remined to the phylician and the angle of the phylician and 10b. KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most af warking life, even if retired) INDUSTRY COUNTRY 2 Cattsville, Va. Laborer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Josephine Williams George F. Savage (D) the attending parties that the 17. INFORMANT 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give war or dates of service) 227-24-1950 VA Hospital Records, Perry Point, Md. signed by the atter buriol-transit permi burial, cremation, o INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DNSET AND DEATH PART I. OEATH WAS CAUSED BY: Toxic shock IMMEDIATE CAUSE (a) DUE TO Acute peritonitis Canditians, if any, which gove rise to immediate couse (a), Perforation of small intestine (distalileum) DUE TO stating the underlying cause os the prior to has been secondary acute accendicitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Infection of kidneys . Soleroderma Generalized. YES K NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) Hour a.m. factory, street, affice bldg., etc.) at work 21. I certify that 11) (this haspital) attended the deceased fram July 25 , 19 66, to August 15, 1900, margin wertast be retained director, page 3 should should be filed with the saw where decreased with very the course and an the date stated above. 226. DATE SIGNED 22a. SIGNATUR STAFF PHYS. 8-19-66 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) VA Hospital, Perry Point, Md. MCAFLOR. M.D. 23d. LOCATION (City or Town) 12e, (County) Va. 230 BURIAL CREMATION. 23b DATE THEREOF 23¢ NAME OF CEMETERY OF CREMATORY Watteville, Va. (State) REMOVAL (Specify) **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE YR A15 (4) 20 M 1/66 urch.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11267MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE 2, and 3 to PM3. Page d, MARYLAND Louisanna Department b (ITY OR TOWN (f outside corporate mits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) offer ELKTON New Orleans d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) e IS RES, DENCE form hours ON A FARM? UNION HOSPITAL 4138 McCoy Street Item 18. G ve Pages ate YES NO ofter death 3 NAME OF First Middle 4 DATE Month Lost Year DECEASED vita the 8 CHARLES L. SHEFFIELD DEATH 20 19 66 (Type or print) pholo SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours hours WIDOWED DIVORCED Male Colored 3-30-50 16 Yrs and? event 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY U.S.A. Ohio any pages in any 14. MOTHER'S MAIDEN NAME pencil 13 FATHER'S NAME Donald Sheffield Ruby Blythe Fi e 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give wor or dates of service 17 INFORMANT 16 SOCIAL SECURITY NO be executed Address removal, Ruby Sheffield 45 Abbey Ave. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) **burial-transit** PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Ь Crushing injuries of chest .MMEDIATE CAUSE (o) ___ This certificate should e, writing the word farworded to the Cl burial, crematian, **DUE TO** Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse D lost. nsed PART II OTHER SIGNIF CANT CONOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((o) 19 WAS AUTOPSY PERFORMED? NO please execute the certificate. YES þe 20g. EXTERNAL CAUSE WAS PRIMARY X or CONTR BUTING 20b. OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) agent, prior should MEDICAL EXAMINER: CAUSE OF DEATH Driver of auto which ran off J.F. Kennedy Highway into MEDICAL Bridge abutment 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (City or town) 20c TIME OF INJRY Month Day, Year Not White While foctory street office bidg, etc.) may be retained for your FUNERAL DIRECTOR: Page of work 20 19 66 J.F. Kennedy Hghwy Md. ot work designoted 21 I certify that I took charge of the remains described above, held on Autopsy Inspection [1] Inquiry ond in my opinion deoth resulted from Notural couses Accident Del Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER KT SIGNATURE O DEPUTY necessory, DEPUTY MEDICAL EXAMINER 8-20-66 **EXAMINER'S** RUDIGER BREITENECKER, M.D. NAME (Type) Address (Street, city, town, or county) he 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION (County) (State) 0 Burial 8-25-66 Green Castle Dayton, Ohio Cem. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5) Charles 1348 N. Calhoun Street DATEAUG George Kelson 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH Pages 1 and 2 ours after death. hours after death, PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Scian and completely filled in by the fease remove carbon papers. Pages 1 and in any event, within 72 hours after Cedil MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colora Colora Rura. Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NOX YES be executed within NAME DE Middle DATE Last Month Day Year DECEASED (Type or print) DEATH 19 66 Ho] Wellington Shires Aug. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Months I Davs Hours Feb. Male WIDOWED DIVORCED ! White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY TO FUNERAL DIRECTOR: After this certificate has been signed by the attending providing director, page 3 should be detached for use as the burial-transit permit. These reshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Self 9 Carpenter Ret Empolyed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Shires Harry Carrie Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, No, or unknown) | (If yes give war or dates of service) Mrs. Holly Shires Same above NO as 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES T NO X 2Da. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 1950 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 69 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) â BURIAL, CREMATION. 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) REMOVAL (Specify) 966 ConowingoBaptist Cem. Conowingo ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTO 25b. Sun, Md. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1269 CERTIFICATE OF DEATH n and campletely filled in by the funeral se remove carban papers. Pages 1 and 2 and 2 in any event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY Maret and MARYLAND Cecil b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 1 day Aberdeen Perry Point d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) e IS RESIDENC d STREET ADDRESS ON A FARM? 426 Romers Street YES NOT Veterans Administration Hospital 3. NAME OF Middle 4 DATE Month DECEASED (Type or print) AUGUST 1966 STEPHENSON 9 RUSSELL DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 9. AGE (In years 7 MARRIED le l **NEVER MARRIED** Last birthdoy) Hours 1-28-17 WIDOWED DIVORCED White Male 10o LSLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CIT ZEN OF WHAT COUNTRY? physician o during most of working life, even if retired) INDUSTRY Handley, West Virginia Plummer 14 MOTHER'S MAIDEN NAME 13. EATHER'S NAME Erma Spradling remos Walter Stephenson attending postmit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 234-22-3470 VA Hospital Records, Perry Point, Ma. Yes INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial infarction IMMEDIATE CAUSE (o). DUE TO burial, Coronary thrombosis 1-2 days Conditions, if any, which gove rise to immediate couse (a). **DUE TO** stoting the underlying couse as the prior tal has been Arteriosclerotic heart disease months 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES X X be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 卢 205, DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While 2). I certify that (1) (this hospital) attended the deceosed from August 9, 1966, to August 9, 1966, that in the leavest of the second from August 9, 1966, to August 9, 1966, the second from August 9, 1966, to August 9, 1966, the second from August 9, 19 3 shauld I with the S 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. Aug. 9. 1966 M.D. , page 3 be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Hospital. Perry Print, Md. A. L. MOONEY, directar, shauld be 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 230 BURIAL CREMATION. (County) Page 4 REMOVAL (Specify) 66 Miami Cemetery Charleston, W. Va. 10 Ang. Regova. 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Home, Miarley Tarring Funeral

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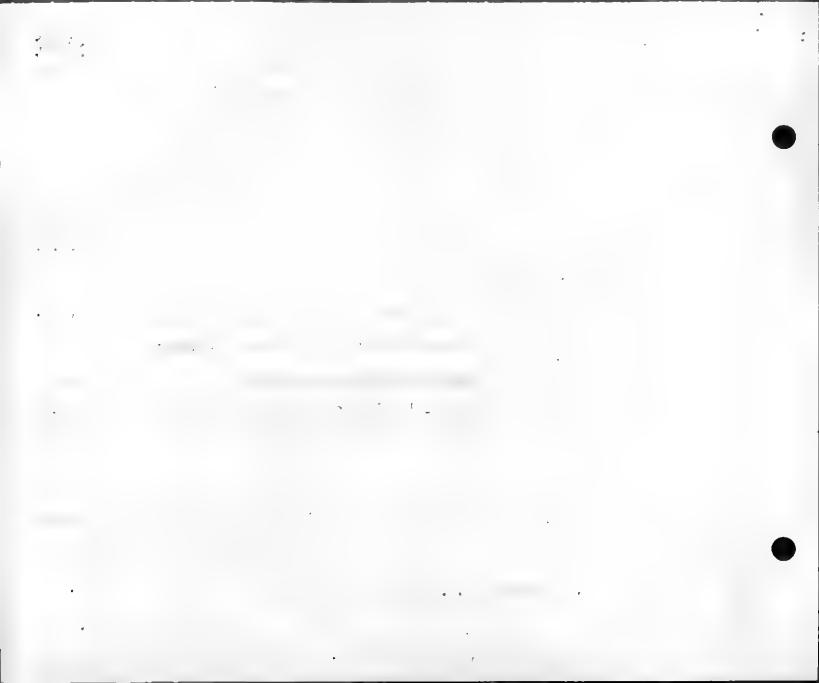
MARYLAND STATE DEPARTMENT OF BEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120] 1280

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1	PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE	(Where dece	osed lived, if institu b. COU		nce befor	e odmissi	on
	Cecil			MARYLAN		o. STATE	ylvar	1,8	1111			
		If outside corporate limits,	,	Byears IN 19	5	c CITY OR TOWN (IF	outside corpo	prote limits, write RU	IRAL ond gi	ve neores	t town)	
		d give neorest town) r Paint		10 months		Pitts	hurah				~	
		IAL OR INSTITUTION (If no	t in hospitol, i	give street oddress)		d. STREET ADDRESS		-			IS RESI	DENCE ARM?
		s Administ	ratio:			6356		and St.			YES 🗌	
3	NAME OF DECEASED	Firs		Middle		Lost	4. DATE	Mon	†h	Doy	Ye	
	(Type or print)	JOH				TRIMBLE	DEAT	20 20 20 20		16		55
1	SEX	6. COLOR OR RACE	7 MARRIED		3	DATE OF BIRTH		9 AGE (n yeors lost birthdoy)	IF UNDER Months		IF UNDER Hours	Min.
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	o. USUAL OCCUPATIO ring most of working NO ne	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR IDUSTRY		11 BIRTHPLACE (Count Pennsyl			12. 0	ITIZEN OF OUNTRY?	.S.A	
_	. FATHER S NAME					14. MOTHER'S MAIDEN	NAME					
-	John Gi	bson Trimb	le			Emma L	ouell	a White				
15	WAS DECEASED EV	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17. 1	NFORMANT		Addr	ess			
(1	es, no, or unknown) Yes	(If yes give war or dates of	Selvice)	18-54-1445	V	Hespital	paco	rds, Par	ny Po	sint	, IId	
F	18. CAUSE OF D	EATH (Enter only one cous	e per line for	(o), (b), ond (c).)						INTE	RVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (o) Comp	olete obstru	cti	on of bron	chus,	bilatera	1	Sud	et and c den	DEATH
	20											
	Conditions, if ony		b) Aspi	ration of f	ood	into bron	chi			Sud	den	
	rise to immedio		то									
	lost.		(c) Park	cinson's Dis	ėa.s	e				Unk	nown	
2	PART II. OTHER S	GNIFICANT CONDITIONS CO	NTRIBUTING 1	TO DEATH BUT NOT RELATED	TO T	HE TERMINAL DISEASE CO	ONDITION GI	VEN IN PART 1(o)		19.	WAS AUTO	OPSY ED2
AT O											S K	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	Port I or P	ort II of item 18.)				
MEDICAL	Hour o.	URY Month, Doy, Yeor m. 19				E OF INJURY (Home, for ory, street, office bldg., etc		(City or town)	(Co	ounty)	(Stote)
				ded the deceased fra	m (otober 13	19 26	to August	Lb19.	30 th	01-11)-6	wet las
	sownherd	eceased alive ana	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	that	death accurred a	1 <u>8:20</u>	M, fram causes	and an i	the date	stated	abayı
	220. SIGNATURE	100 (22)				ATTENDING -	MED.	CTAFF		ATE SIGNI		
) 10-07kg	han,		1.M	PHYS L	DIRECTOR	STAFF PHYS.] 8,	17/6	56	
	22c. PHYSICIANS NAME (Type	S. GOLDGRAE	EN, M.	D.		VA Hosp	ital,	Perry F	oint	, Ma	4	
23	a BURIAL, CREMATI	ON, 235 DATE THE	REOF	23c. NAME OF CEMETER	Y OR (REMATORY	23d	LOCATION (City or To	wn)	(County)	(5	tote)
1	REMOVAL (Specific Control of Cont	8/18	/1966				Pi	ttsburg.	Pen	na.		
	4 FUNERAL DIRECT		1770	ADDRESS		2So. REC	'D BY REGIS	TRAR 2Sb. RI	GISTRAR S	SIGNATUR	E	
T	Willed of	in lease	PE -V-7	Dammy 17 1 1 0	T/F	3	MILE 7.	4 1966	Ocho	Man	Vud	42

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please permove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it, any event, within 72 hours Page 4 may be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Cecil a. COUNTY Cecill MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) 50 min. North East d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Union Hospital 108 Beech St. NO T 3. NAME OF 4. DATE Middle Last Month DECEASED OF (Type or print) DEATH JOSEPH PAXSON WARD 19 August 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE in years | FUNDER 1 YEAR B. DATE OF BIRTH F UNDER 24 HRS. last birthday) Months Hours Male WIDOWED T DIVORCED 10s. USUAL OCCUPATION IG Valkind of work 10b. KIND OF BUSINESS OR INDUSTRY HPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Transportation USA Cochranville. Taxi Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles L. Ward Gertrude Paxson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1 16. SOCIAL SECURITY NO. Addres 108 Beech St. (Yas, no, or unkown) | (Ifyesgive weror detesofservice) Mrs. Phoebe Ward North East, Mi. IB. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN Coronary Occlosion with Hyocardial Interction ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Coronary Atherosclerosis Conditions, if eny, which gave rise to immediate cause DUF TO (a), steting the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN N PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 7....., 1944 that (I) (we) last saw the deceased alive on ATTENDING 22b. DATE 22e. SIGNATURE STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S LAUS H. HUEBNER NAME (Type) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)
Burial 8/8/66 Friends Cemetery Calvert, Cecil Co. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

DATE

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Grant Funera

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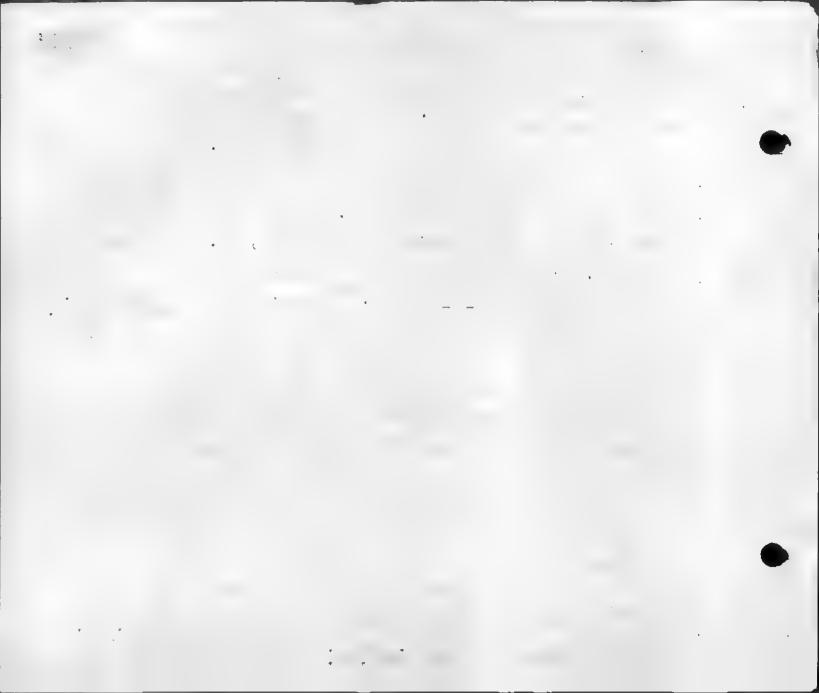
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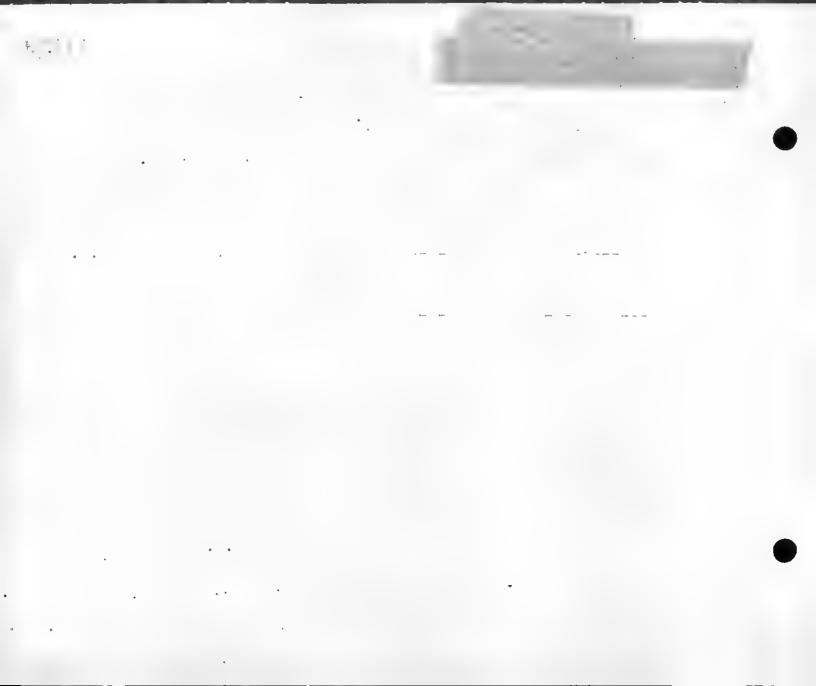
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11282 CERTIFICATE OF DEATH ond-2 requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral love carbon papers. Pages 1 and-y event, within 72 hours often deat 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY o. STATE Maryland h COUNTY Cecil MARYLAND c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town? hr 40 min Bainbridge 1 hr 4
d NAME OF HOSPITAL OR INSTITLLING (In nat in haspital, give street oddress) Port Deposit d STREET ADDRESS e IS RESIDENCE ON A FARM? Station Hospital. YES NO X 33 South Main St 3 NAME OF Middle DATE Manth LOST Kings T Day Year DECEASED 26 (n) WOLFE August 19 66 (Type or pont) Barbara DEATH 9. AGE (In years F UNDER 1 YEAR | IF UNDER 24 HRS. ysician and compl S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Oavs Female Caucasian DIVORCED WIDOWED August 25,1966 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician of peose Cecil County, Maryland 14 MOTHER'S MAIDEN NAM 13. FATHER S NAME or remova David Lee WOLFE Marilyn Edna KOHNKE signed by the attending burial-transit permit Th INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Hospital Records 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH PREMATTIR TTY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO stating the underlying couse has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K TO FUNERAL DIRECTOR: After this certificate 20d ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) at work 21. I certify that (I) (Mix kaxima) attended the deceased from 25 August, 1966 to 20 Augus 11900, that (I) (Welklast should saw the deceased alive on 26. August 19.66, and that death accurred at 12:10, from causes and on the date stated above. A.M. 22a. SIGNATURE 22b DATE SIGNED MED. STAFF 26/66 director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S USNR Bainbridge, Md. Station Hospital 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23g BURIAL CREMATION. 23d LOCATION (City or Town) (County) REMOVAL (Specify) 8/26/66 West Nottingham Cemetery Colora Cecil ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 liances AUG 1966 PERRYVILLE, MD 02404

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1273 11283 CERTIFICATE OF DEATH within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH rely filled in by the funeral a. COUNTY. Maryland MARYLAND Ceci c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bainbridge Port Deposit d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address d STREET ADDRESS e IS RESIDENCE ON A FARM? Station Hospital. South Main St YES NO X 3 NAME OF DECEASED Dan Middle 4 DATE Manth Day Year (n) 26 WOLFE August 19 66 Mary event, (Type or print) DEATH Sar requires that the death certificate be executed physician and complened on please remayer IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years last birthday) August Female Caucasian WIDOWED DIVORCED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 1). BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** Cecil County, Maryland 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. Then p burial, cremation, ar remaval Marilyn Edna KOHNKE David Lee WOLFE INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war ar dates af service) Hospital Records IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY

DDDMARDT INTERVAL BETWEEN PREMATUR ITY IMMEDIATE CAUSE (a) 710X DHE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse has been the kast PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO this certificate far 200, ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. Nat While factory, street, affice bldg . etc.) at work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (trix bospital) attended the deceased fram 25 August, 1966, to 26 August 1966, that (I) (we) klast be retained saw the deceased alive on 26 August 166, and that death accurred at 2:15M, from couses and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED STAFF DIRECTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S ROCKENMACHER NAME (Typif) USNR Station Hospital, SOL Bainbridge, Md 23o BUR AL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 8/26/66 West Nottingham Cemetery Colora, Cecil Co., Md. Burial ADDRESS 25a. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR YR A15 (4) 20 M 1/66 08405



MARYLAND STATE DEPARTMENT OF HEALTH

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